Program modification plan for level I fieldwork placement with the ASNO ESY

Kelly Gelske
The University of Toledo

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Program Modification Plan for Level I Fieldwork Placement with the ASNO ESY

Kelly Gelske

Site Mentor: Alexia Metz, PhD, OTR/L
Faculty Mentor: Beth Ann Hatkevich, PhD, OTR/L
Occupational Therapy Doctorate Program
Department of Occupational Therapy
The University of Toledo Health Science Campus
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Note: This document describes a capstone dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist.
Table of Contents

EXECUTIVE SUMMARY ................................................................................................................................. 5

INTRODUCTION .................................................................................................................................................. 6

PROGRAM GOAL ........................................................................................................................................... 6

SPONSORING AGENCIES ................................................................................................................................. 7

DEMOGRAPHICS IN AUTISM .......................................................................................................................... 9

INITIATIVES IN AUTISM ................................................................................................................................. 10

EXTENDED SCHOOL YEAR (ESY) .................................................................................................................. 12

DEMOGRAPHICS IN OT ................................................................................................................................. 14

INITIATIVES IN OT ....................................................................................................................................... 14

OCCUPATIONAL THERAPY FIELDWORK EDUCATION ............................................................................. 16

CURRENT PROGRAMMING ............................................................................................................................ 17

NEEDS ASSESSMENT ..................................................................................................................................... 22

MODELS OF PRACTICE ................................................................................................................................. 26

OBJECTIVES .................................................................................................................................................... 29

PARTICIPANT POOL ....................................................................................................................................... 32

IMPLEMENTATION OF AIMS .......................................................................................................................... 33

IMPLICATIONS FOR BUDGETING AND PERSONNEL .................................................................................. 44

PROGRAM MODIFICATION EVALUATION .................................................................................................... 46

RECOMMENDATIONS FOR FUTURE MODIFICATIONS ............................................................................. 51

CONCLUSIONS ................................................................................................................................................ 52

REFERENCES .................................................................................................................................................... 54

APPENDIX A: ASNO ORGANIZATIONAL CHART ......................................................................................... 59

APPENDIX B: THE UT COLLEGE OF HEALTH & HUMAN SERVICES ORGANIZATIONAL CHART ................. 60
APPENDIX C: RELEVANT ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST ........................................................ 61

APPENDIX D: ASNO EXTENDED SCHOOL YEAR FIELDWORK EXPERIENCE SURVEY ......................... 72

APPENDIX E: FOCUS GROUP QUESTIONS FOR OCCUPATIONAL THERAPY STUDENTS SUMMER 2008 .................................................................................................................. 73

APPENDIX F: FOCUS GROUP QUESTIONS FOR OCCUPATIONAL THERAPY STUDENTS SUMMER 2007 .................................................................................................................. 75

APPENDIX G: SLP STUDENT CLINICIAN’S WRITTEN SURVEY ................................................................ 76

APPENDIX H: ANNOTATED BIBLIOGRAPHY ............................................................................................. 78

APPENDIX I: PARENTAL REPORT OF CURRENT PERFORMANCE .............................................................. 115

APPENDIX J: PREPARATORY TIMELINE FOR ASNO ESY OCCUPATIONAL THERAPISTS AND OTD FACULTY ........................................................................................................ 121

APPENDIX K: PARENT COVER LETTER .................................................................................................... 122

APPENDIX L: INSTRUCTIONS FOR THE PEDI ASSESSMENT .................................................................. 123

APPENDIX M: TIMELINE FOR OT STUDENTS PARTICIPATING IN THE SUMMER 2009 ASNO ESY .......... 124

APPENDIX N: SCHOOL OT LETTER ........................................................................................................ 126

APPENDIX O: OCCT 733 FIELDWORK & PROFESSIONAL DEVELOPMENT III ASSIGNMENTS........ 129

APPENDIX P: INTERDISCIPLINARY WORKSHOP ITINERARY ..................................................................... 133

APPENDIX Q: TIMELINE FOR ASNO ESY FIELDWORK EDUCATOR .................................................. 136

APPENDIX R: LETTER OF SUPPORT ....................................................................................................... 137

APPENDIX S: GRADING RUBRICS FOR FW III ASSIGNMENTS FOR ASNO ESY PLACEMENT .......... 138

APPENDIX T: INTERDISCIPLINARY WORKSHOP EVALUATION FORM .................................................. 143

APPENDIX U: STUDENT EVALUATION OF LEVEL I FIELDWORK EXPERIENCE .............................. 145
Executive Summary

The goal for the Autism Society of Northwest Ohio (ASNO) Extended School Year (ESY) Level I fieldwork placement has been to provide clinical instruction and fieldwork opportunity to the students in the occupational therapy doctorate (OTD) program at The University of Toledo within a multidisciplinary therapeutic summer program to support the didactic learning of neurological conditions common within the pediatric setting. This fieldwork placement has been available for the past two years and has proven to be a valuable opportunity for students to improve their knowledge of working with children with autism. Furthermore, the experience enables collaboration with individuals in speech language pathology, special education, and behavioral psychology. The need for improvement in role delineation and communication between all involved disciplines has been established, and it is the intent of this program modification plan to provide enhancement of the original goal to the advantage of all interested benefactors. The foremost aim is the inclusion of the integrative and consultative models of practice that support the mission of the program. Modifications to improve communication, orientation, and OTD student assignments are proposed. Formative and summative evaluative methods will be incorporated to determine the effectiveness of the program that ensures the interests of all benefactors.

In describing these modifications, this dissemination will lead the reader through a description of the sponsoring agencies, demographics and current initiatives in autism, ESY services, and how occupational therapy services and the Level I fieldwork can support this program. Explanation of pre-modification programming and the needs assessment process is explained. Four models of practice are described that are appropriate for this setting. Finally description of the proposed modification plan including objectives, participants, aims, budget and personnel concerns, and evaluative process are described.
Introduction

Program Goal

The pre-modification goal of the Level I fieldwork experience at the Autism Society of Northwest Ohio’s (ASNO) Extended School Year (ESY) program has been to provide clinical instruction and fieldwork opportunity to the students in the occupational therapy doctorate (OTD) program at The University of Toledo within a multidisciplinary therapeutic summer program to support the didactic learning of neurological conditions common within the pediatric setting, including:

a. review of current Individual Education Plan (IEP) and assessment profiles of children diagnosed on the autism spectrum;

b. observation and intervention planning for children diagnosed on the autism spectrum based on available assessment results; and

c. completion of a specified assignment, such as case study or planned group occupation.

The modification plan for the program does not intend to detract from the outcomes of this goal, but rather to augment the conditions of the goal to provide further advantages for all benefactors. To accomplish this, it is recommended the following conditions be appended to the goal:

d. use of collaborative and consultative models of practice which are sensory and occupation-based;

e. increase knowledge of and experience with interacting within a multidisciplinary setting including speech therapy, behavioral psychology, and special education teachers;

f. further defined role of the OTD students within the ASNO ESY.
Sponsoring Agencies

ASNO is a local chapter of the Autism Society of America (ASA). ASA was founded in 1965 by Bernard Rimland, Ph.D. and since then has grown to more than 120,000 members. The society is the oldest and largest grassroots organization which serves as a source of information, research, and reference for those involved in the education, care, treatment, and support of individual’s with autism (Autism Society of America [ASA], n.d.). The overall goal of ASA is, “improving the lives of all affected by autism” (ASA, n.d.).

ASNO services twelve counties in Northwestern Ohio to promote the general well-being of people with autism. This organization shares a common mission with ASA to provide information, education, and support for research and advocacy for programs and services within the local community (Autism Society of Northwest Ohio [ASNO], 2008). The organization is made up of parents, professionals, and others who are interested in helping individuals who have autism and their families. The main offices of ASNO are located on Dorr Street in Toledo, and services such as support groups, educational seminars, IEP assistance, and public awareness programs are located throughout the region (ASNO, n.d.b). Linell Weinberg, LSW, currently serves as the agency’s executive director. An intensive program ASNO conducts each year is a summer extended school year program which is held in cooperation with The University of Toledo. This 6-week program services 24-30 children between the ages of 3 to 21 and incorporates services from special education, speech language pathology, occupational therapy, and behavioral psychology. See Appendix A for an organizational chart for ASNO (ASNO, n.d.a).

The University of Toledo College of Health Science and Human Services declares a goal of achieving excellence in education, research, and service in professional fields related to health and human services. The mission of the college states it is committed to, “continually improving
its programs; fostering learning in a diverse student body; contributing to the professional knowledge base; and providing collaborative service and engagement with The University, local community, state, nation, and international partners” (The University of Toledo College of Health & Human Services [UTHSHS], 2008). The college includes course work in certificate-level, associate-level, bachelor-level, master-level, and doctorate-level programs, including the OTD program.

The OTD program at The University of Toledo also maintains a mission consistent to that of the College of Health Science and Human Services. The mission asserts, “to provide doctoral-level education enabling students to integrate occupational therapy theory, research, and practice through continuous assessment of student learning; to foster faculty and student research on therapeutic occupation; and to provide service to the professional community” (The University of Toledo, Occupational Therapy [UTOT], 2008b). The faculty are committed to preparing students to be highly competent practitioners, contributors to research, leaders within the profession, educators, and advocates. Each fall up to twenty students are admitted into the program. The small class size allows for individualized advisement and mentorship by the faculty. The University of Toledo OTD program prepares students through various settings and specialty areas. This includes fieldwork experience beginning in the first semester of study. See Appendix B for an organizational chart.

The accreditation standards for an occupational therapy doctorate-level program require a two-fold fieldwork component (Accreditation Council for Occupational Therapy Education [ACOTE], 2008). Level I fieldwork is “designed to enrich course work through directed observation and application of academic material” (UTOT, 2008a). The University of Toledo OTD fieldwork placements coincide with courses on models of practice. These courses require students to complete specific assignments relevant to the placement in order to enhance learning.
During the third semester of study, students have an opportunity to observe and assist with an ESY program offered by ASNO. This particular fieldwork began in 2007 and was deemed to be a beneficial experience for students.

Demographics in Autism

Autism is a developmental condition that is part of what is known as the autism spectrum disorders (ASDs). Other disorders on the spectrum include Asperger’s Syndrome and pervasive developmental disorders not otherwise specified (PDD-NOS), also known as atypical autism. While these conditions all have commonalities, they differ in terms of the start and severity of symptoms, and also the exact nature of the symptoms. ASDs are part of a larger diagnostic category called pervasive developmental disorders (PDD). The predominant signs and symptoms of autism include difficulty with both verbal and non-verbal communication. In addition, social skills such as sharing emotions and understanding other’s feelings are a concern. Individuals with autism also commonly display stereotypical behaviors such as perseveration of words, routines, and play (National Institute of Health [NIH], 2007).

To date national prevalence rates have been difficult to obtain (Centers for Disease Control [CDC], 2007a). Since the 1992-1993 school year, special education programs have been required to report the number of children receiving services for an ASD (IDEAdata.org, n.d.). As of April 2006, six million children were receiving special education services, and 2.8 million of these have been identified as having a specific learning disability (National Center for Learning Disabilities, 2006). In the 2000-2001 school year, the United States Department of Education reports there were 65,424 children between the ages of 6-21 with a diagnosis of autism receiving special education services within the country (IDEAdata.org, 2002). Newschaffer, Falb, and Gurney (2005) report prevalence rates for ASDs have been increasing with time. Further, the authors state that part of the prevalence increase should be attributed to the introduction and
incorporation of the autism classification within special education practices. However, prevalence rates from these data alone are most likely underestimated considering not all children with an ASD receive special education services (Newschaffer, Falb, & Gurney, 2005).

An additional challenge in obtaining prevalence is that medical records often do not provide such information (CDC, 2007a), and criteria for diagnosis have changed over the past several years. Dr. Richard Solomon, Medical Director for the Ann Arbor Center for Developmental and Behavioral Pediatrics, has also acknowledged an increase in autism (personal communication, February 27, 2008). He reported that in the state of Michigan, data reveals a 15% yearly increase in the number of children diagnosed on the autism spectrum.

Initiatives in Autism

The Autism and Developmental Disabilities Monitoring (ADDM) Network is a national initiative established by the Centers for Disease Control and Prevention (CDC). The ADDM is the only collaborative network to determine the prevalence of ASDs within the United States. In the targeted study year, ADDM sites had identified 8-year-old children within populous geographic regions throughout the United States (CDC & ADDM, n.d.). The results from the 2000 study indicated an overall prevalence rate of ASDs across six sites as approximately 1 in 150 children. In 2002, 14 sites were surveyed with results remaining the same. Statistics showed that boys were four times more likely than girls to have an ASD (CDC & ADDM, n.d.). While the authors realized that the study could not be generalized across the country, communities could use the information to estimate how many children could have an ASD within their specific community. Considering these statistics and assuming constant prevalence rates, the authors estimated at the time of the study, “560,000 individuals between the ages of 0 and 21 have an ASD” (CDC & ADDM, n.d.).
Several national organizations are involved with initiatives intended to increase awareness, research, advocacy, causes, diagnosis, prevention, and treatment. The Children’s Health Act of 2000 (Public Law 106-310) was signed by President Bill Clinton, and was intended to increase services and research on many different childhood conditions, including autism. The Coalition for Autism Research and Education (C.A.R.E.) is a Congressional Autism Caucus and was the first Congressional Member Organization to focus on ASDs. The Coalition which started in 2001 focuses on educating Congress about ASDs and the concerns of those who are affected by it such as parents, researchers, and advocates (CDC, 2007b). The Combating Autism Act of 2006 (S.843) was signed by President Bush on December 19, 2006. The Act was intended to provide support for research, prevention, and treatment through the use of increased public awareness, increased early screenings, and the improvement of evidence-based interventions (The White House, 2006).

The Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) has acknowledged the need to address the increasing prevalence of autism (Ohio Autism Taskforce [OAT], 2007). In a 2007 progress report, the CDC’s prevalence rates of 1:150 were applied to Ohio county populations for 2006. It was estimated that 75,688 individuals in Ohio could have an ASD, and 3,034 of these individuals live in Lucas County (OAT, 2007). Currently Ohio legislation has been addressing many of the needs of the OAT. The Ohio Center for Autism and Low Incidence (OCALI) was established to be a primary contact point for school districts and families within the state seeking information related to autism (OAT, 2007). The Autism Society of Ohio (ASO) has partnered with OCALI to provide services and to assist in fulfilling the recommendations set forth by the OAT.

Several of these concerns are of significance to college students who are seeking future employment related to working with children who are diagnosed on the autism spectrum.
Recommendation TS-4 seeks for the Ohio Board of Regents and the Ohio Department of Education to create an Ohio credential for students preparing to teach individuals with autism. This recommendation has been initiated. The ASA has provided grant money for a panel of experts to develop teacher competency in ASDs. These competencies are awaiting approval from the Council of Exceptional Children and National Council for Accreditation of Teacher Education. Secondly, recommendation TS-9 requests the Ohio Department of Education to develop an autism endorsement to be obtained by school personnel who demonstrate a specialized level of competency in providing educational services to individuals diagnosed on the autism spectrum. This recommendation also has been initiated and grant money has been provided to enable on-line training for teachers and other school personnel. Finally, recommendation TS-13 states, “the Ohio Autism Taskforce supports increased Ohio research activities for the effective treatment of autism” (OAT, 2007). This initiative has not yet been addressed by the OAT.

A local initiative for autism is being established through The University of Toledo. The University, along with a host of collaborators and supporters, is seeking funding to create a Center of Excellence in Autism. It is intended that The Center of Excellence in Autism would serve as a local, regional, and national hub for services, research, and education. The project aims to promote a collaborative approach to research and strategies for the prevention, control, and a cure for autism. Additionally, The Center of Excellence in Autism will incorporate and expand existing programs including The University of Toledo/ASNO Summer ESY program (personal communication, Alexia E. Metz, March 6, 2009). No anticipated date has been announced for the start of this program.

*Extended School Year (ESY)*
ESY services are defined as special education and related services which are offered beyond the normal school year to children being served through an IEP (Advocacy Center for People with Disabilities [Advocacy Center], n.d.). IDEA requires the availability of ESY in order to provide a free and appropriate public education (FAPE). However, the Department of Education has not established standards regarding eligibility for ESY. Therefore, the IEP team is responsible for determination of such eligibility (Etscheidt, 2002).

Several criteria are considered when determining eligibility for ESY services. The IEP team must analyze the student’s goals and consider several conditions. One factor is the regression/recoupment standard which states that a child may be eligible for ESY if the team determines that the child will lose skills over the summer break, and there may be an extended recoupment period for these skills compared to typical students (Ohio Legal Rights Service, n.d.). Further, the team can consider the nature and severity of the student’s disability. Students diagnosed with a perceptual disability, such as autism, can demonstrate fluctuating time frames for obtaining proficiency of certain skills; therefore, ESY services may be deemed appropriate (The Extended School Year (ESY) Task Force, 1998) to provide stability in education.

Since the decision for provision of ESY services is based upon individual considerations through the IEP team, the child’s written IEP must clearly state the need for ESY services. Further it must include

- measurable goals and objectives that are to be addressed through ESY services;
- the type(s) of services, such as instructional, behavioral, transitional;
- the amount and duration of such service(s);
- and the least restrictive environment in which the services are to be provided (Advocacy Center, n.d.).
If a student’s IEP team determines eligibility for ESY, legally these services are to be provided at no cost to the parent, including related services such as occupational therapy (National Dissemination Center for Children with Disabilities [NICHCY], nd.). This is based upon the entitlement of a student to a FAPE. A study by Ahearn (2000) reveals that many states, including Ohio do not collect data related to the number of students eligible or participating in ESY programs.

Demographics in OT

AOTA reported in 2006 that 29.6% of the occupational therapy workforce was employed fulltime within a school and/or early intervention setting. This was the highest listed sector with the hospital setting following at 23.5% (American Occupational Therapy Association [AOTA], 2006). In the 1998-99 school year, there were 9,561 fully certified occupational therapists providing special education services for students between the ages of 3 to 21 within the United States; 327 of those therapists implemented services in Ohio (IDEAdata.org, 2002). This provides sufficient evidence that occupational therapy services are prominent within the educational system, and considering the demographics stated previously, indeed a great deal of the case load includes children diagnosed on the autism spectrum. Currently there is a lack of demographic information related to the number of occupational therapists who are providing ESY services in the state of Ohio.

Initiatives in OT

Occupational therapists address issues surrounding the participation in the occupations of life that have meaning and purpose to a person (AOTA, 2002). School-based occupational therapy is a growing area of practice and focuses on occupations that are meaningful to the child within an academic setting. The therapist collaborates not only with the student, but also the parents and educators to identify the student’s skills, the environmental demands, and the
solutions for intervention (AOTA, 2004). National initiatives and legislation have increased the need for qualified personnel within the educational system. The Education for All Handicapped Children Act of 1975 (Public Law 94-142) successfully insured that all children with disabilities were provided a free and appropriate education and allotted for improved educational results (Individuals with Disability Education Improvement Act [IDEA], 2004). In 1990 this law was renamed the Individuals with Disabilities Education Act (Public Law 101-476). Several amendments have been made to this law, the latest occurring in 2004 which is titled the Individuals with Disability Education Improvement Act (IDEIA, Public Law 108-446). This law aligns with the No Child Left Behind Act (NCLB) of 2001 which ensures accountability and provides financial incentives for those states who seek to improve special education services (U.S. Department of Education [USDE], 2008). Occupational therapists further provide critical input in identifying assessment accommodations required through the mandates of NCLB (Jackson, Swinth, & Clark, 2006). Part B of IDEA mandates occupational therapy as a related service for children ages 3-21 with a disability who benefit from special education (Clark, Polichino, & Jackson, 2004).

The Rehabilitation Act of 1973 was established to “empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society” (USDE, 2004). Section 504 of this amended act prohibits discrimination on the basis of disability for those programs which receive federal funding. Students who are not eligible to receive special education services through IDEA can be eligible to receive services through Section 504 (Clark, Polichino, & Jackson, 2004). This includes occupational therapy services. The Americans with Disability Act of 1990 (ADA) furthers the provisions of Section 504 to include all services provided through state and local governments regardless of the funding source (Clark, Polichino, & Jackson, 2004). This again provides evidence of the
legislative mandates for occupational therapy services within school-systems. Occupational therapy educational programs must therefore, be prepared to include such fieldwork opportunities within their curriculum.

**Occupational Therapy Fieldwork Education**

As previously stated, the Accreditation Council for Occupational Therapy Education (ACOTE) is the governing board for the accreditation for occupational therapy educational programs in the United States. This board mandates all accredited educational programs to follow a set of standards which comply with the United States Department of Education (USDE). A new set of standards became effective January 1, 2008, which differentiates occupational doctorate-degree programs from occupational therapy master-degree programs (ACOTE, 2008).

The ACOTE Standards and Interpretive Guidelines state, “the goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of the clients” (2008). Further, Standard B.10.11. states that the academic program will, “ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (2008).

The incorporation of the ASNO ESY Level I fieldwork into The University of Toledo OTD program provides an opportunity to apply knowledge and theory to practice related to an array of 2008 ACOTE Standards for the doctoral-degree-level educational program. The Standards relevant to general requirements for program accreditation are (see Appendix C for full description):

- A.2.22.
- A.5.3., A.5.6.
The standards relevant to student performance are (see Appendix C for full description):


- B.1.1., B.1.2., B.1.5., B.1.6., B.1.10.
- B.2.6., B.2.7., B.2.8., B.2.9., B.2.10., B.2.11.
- B.3.1., B.3.2., B.3.3., B.3.5.
- B.5.1., B.5.3., B.5.4., B.5.5., B.5.6., B.5.7., B.5.8., B.5.15., B.5.16., B.5.18., B.5.19., B.5.20., B.5.21., B.5.22., B.5.23., B.5.24., B.5.29.
- B.7.2., B.7.10.
- B.8.2., B.8.3.
- B.9.1., B.9.3.

The current program modification plan will support the written goal by introducing students to a unique fieldwork experience that will directly apply the didactic classroom education with actual practice. This, in turn, will increase the occupational therapy student’s understanding of the needs of this population and the process of the relevant models of practice. This modification supports the philosophy of The University and the OTD program and the goal of Level 1 fieldwork. Furthermore, the program modification plan supports the incorporation of those ACOTE Standards required for continued accreditation.

**Current Programming**

Within this dissemination project, three separate sets of students are described. Therefore, it is necessary to provide entitlements to these groups in order for the reader to distinguish between them. The title of “student” will refer only to the occupational therapy doctoral students, and the term “clinician” will refer to the speech language pathology graduate students. This is in
no way meant to define these graduate students as certified clinicians, but rather to be consistent with terminology currently used within that graduate program. Lastly, the term “children” will be used to define the ESY students who are attending the program. It is important for the reader to understand that these titles are meant only to assist in differentiating between these three sets of students for the purposes of this program modification plan.

The ASNO ESY program has been conducted through the Speech Language and Hearing Clinic in the Health and Human Services Building on the Main Campus of The University. The program is supported by graduate clinicians from the speech language pathology department. In addition, graduate students in the occupational therapy doctorate program have participated for the past two summer programs. All of the graduate students are supported by professionals in special education, speech language pathology, behavioral psychology, and occupational therapy.

As previously stated, the ASNO ESY program accepts 24-30 children between the ages of 3 to 21. Inclusion criteria include a diagnosis of autism and a written IEP with recommendation for ESY services. Children are selected on a first come first served basis with some preference given to those who participated in preceding years. Preference is also given to those families who live within the ASNO service area. Upon completion of registration materials, parents schedule a diagnostic evaluation with the Speech Language and Hearing Clinic. Speech clinicians, with the support of a licensed professional, conduct the initial three-part diagnostic. The first visit is held at the Clinic with the child and the parent. Further information is gleaned through follow-up visits at the child’s home and school. All of the data gathered during this initial evaluation is used to determine classroom placement and academic planning for the summer session in order to best support the written IEP goals.

The school program runs four hours per day, five days per week for six weeks. The typical day for a child includes group and individual work in the areas of academics, speech
therapy, occupational therapy, socialization, and snack time. The children are provided with academic tutoring via the speech therapy clinicians. The child’s current IEP goals and objectives set the path for programming. Methods of intervention include, but are not limited to, academic worksheets, games, computer, swimming, occupations of daily living, crafts, sensory diet, gross motor, and various other protocols as appropriate for the child.

The summer 2007 ASNO ESY was the first experience for the OTD program to be included within the program. The fieldwork experience was arranged in coordination with the Occupational Therapy Models of Practice IV: Part 1 (MOPS IV; OCCT704) and Fieldwork and Professional Development Seminar III (FW III; OCCT733) course work. The first portion of the MOPS IV class examines models of practice related to neurological issues within pediatrics.

The MOPS IV course objectives for the summer 2007 and 2008 classes differ slightly secondary to different instructors. Related objectives from the summer 2007 course are as follows:

- Develop a case-based treatment plan on a client with a neurological condition.
- Complete an assessment and intervention plan on a client observed during the fieldwork component of the course.

A case study assignment was required through observations attained at the fieldwork site.

Related objectives from summer 2008 are as follows:

- Identify and utilize appropriate models of practice for providing Occupational Therapy services to children and their caregivers.
- Explain the theoretical bases and demonstrate application of classical and contemporary sensory-based models of practice.
Utilize published peer-reviewed evidence to guide clinical decision making when providing Occupational Therapy services to children and their caregivers.

Set occupation-based goals and supporting objectives for children and caregivers receiving Occupational Therapy services.

Plan and implement interventions for children with a wide range of occupational impairments, including involving and educating caregivers.

Provide Occupational Therapy services to children and their caregivers within the context of multidisciplinary intervention teams, including recognizing care coordination needs.

The related assignment was moved to the FW III course and is described below. The ASNO ESY fieldwork experience was intended to enhance learning through the opportunity to work with children diagnosed with a neurological disorder in order to support the objectives set forth within this course.

FW III provides a forum for discussing pertinent issues with the concurrent fieldwork assignment(s). One objective from the summer 2007 and 2008 course relates directly to the ASNO ESY fieldwork and assignment. The objective states, “discuss summer Level I fieldwork experience in order to increase awareness of professional attitudes and behaviors observed in clinical practice.” No other objectives or assignments from the 2007 course are related to this placement. An additional objective was added for the 2008 course in relation to an occupation-based assignment. The objective states, “plan, implement, document, and present a group occupation for school-aged children attending a summer program.”

In preparation for the fieldwork experience, OTD students from the summer 2007 class attended a lecture specific to the ESY program focusing mainly on the sensory integration theory. Additionally, each student received individual client information for a case study assignment. It should be noted, however, that not all intended assessment data was available to
students. For example, several children did not have Sensory Profile (Dunn, 1999) forms returned. The students were further required to attend two ASNO ESY orientations on The University of Toledo Main Campus. The first orientation was provided by the speech language pathologist and the occupational therapist from the ESY program; the second was delivered by the behavioral psychologist from the ESY program. The goal of the two orientations was to give a program overview to the speech clinicians and occupational therapy students regarding the expectations and general format intended of each discipline. The 20 occupational therapy students were then assigned three program days to observe and participate in the program. These days were scheduled for one day per week for three consecutive weeks; therefore students did not get to observe progress throughout the entire program. Student experiences were unique to each other depending upon the day of attendance and the individual child’s needs. Two part-time occupational therapists served as fieldwork educators for the OTD students.

Several changes occurred for the proceeding OTD class. Only eleven of the seventeen occupational therapy students attended the ESY program, and a new full-time occupational therapist was hired for the ESY program. This therapist also was The University of Toledo OTD faculty member coordinating the Level I fieldwork experience and the professor for MOPS IV, Part 1. In addition, two occupational therapy assistants were hired for the program. Students once again prepared through classroom lectures and program orientations, and any available assessment information was provided to them. However, once again, not all intended data had been returned to the occupational therapist prior to the start of the program. Students were expected to attend three and one-half days of the summer program. During the first three days, the students observed the occupational therapy staff, speech clinicians, special education teachers, and children. They observed in an ESY classroom and were provided profiles of each of the children within that classroom. The students then planned an occupation for their
respective classroom and returned for one-half day to implement the planned occupation. In summary, for their assignment, the students were responsible for planning, executing, and documenting their planned group occupation in collaboration with the fieldwork educator. Students, once again, were not present from the start of the program to the end in order to observe progress.

Linell Weinberg, LSW, ASNO Executive Director, along with other program stakeholders, report that the collaboration between ASNO and The University of Toledo has been beneficial. The Autism Society could not run the ESY program without volunteer support, and in return the graduate students and clinicians are able to receive clinical experience with children diagnosed on the autism spectrum (personal communication, January 13, 2009). Other members of the ESY planning committee also support the inclusion of the OTD Level I fieldwork students within the program. However, considering the past two years, the ESY planning committee is in agreement that further role delineation and collaboration between the providing disciplines are needed.

Needs Assessment

In order to fully appreciate the advantages and limitations for all benefactors of the ASNO ESY, a variety of needs assessment methods have been conducted. Initial need for a program modification was established via the 2007 OTD Coordinator of Fieldwork and Professional Development. Unfortunately, this individual is no longer involved with the program and was unavailable for further interview. However, this initial statement of need has been corroborated through many other individuals who have been or currently are involved with the ASNO ESY. These outcomes will now be further discussed.

An interview with the coordinator of the ASNO ESY fieldwork placement for the 2008 season, Alexia Metz, PhD, OTR/L, revealed a definite need to analyze the current program and
provide recommendations for improvement. Dr. Metz also served as the staff occupational therapist and fieldwork educator for the 2008 ASNO ESY. Her input has been of great value to the needs of the program as she has performed a dual role within the ESY and has a vested interest in the future of the program. Dr. Metz places a strong emphasis on the use of occupation-based intervention methods.

Ms. Weinberg revealed that she would like to see occupational therapy’s role as one embedded within the program. School-based occupational therapists are becoming more inclined to use a consultative model, and she feels this model is equally appropriate for the ESY program. Further, she would like to see age-appropriate sensory diets and strategies for academic success provided for each ESY student. Ms. Weinberg revealed that she supports The University of Toledo OTD involvement within the ESY; however, she feels there has been confusion in regards to planning (personal communication, January, 13, 2009).

Lou Curcio, special education teacher and ESY program coordinator, supports the application of a blend between the collaborative and consultative models of practice. He considers the occupational therapist to be in a supportive role, providing strategies for success within the least restrictive environment. He questions whether the OTD students are receiving enough theoretical and practical foundation prior to participating in the program. Further, he would like to be assured that the students are receiving benefit from their involvement as well as providing benefit to the program (personal communication, January 22, 2009).

Two individuals from the Speech Language and Hearing Clinic provided information regarding the ESY fieldwork as it relates to the speech pathology graduate students. Dr. Lee Ellis and Cindy Morelli support the OTD student involvement in the ESY program. Ms. Morelli stated that she would like to see better communication and role delineation between the speech clinicians and the OTD students. She feels this has been a limitation over the past two summers
(personal communication, February 11, 2009). Dr. Ellis also would like to see improved communication between all of the disciplines (personal communication, February 3, 2009). Both of these faculty support the use of a collaborative and consultative models of practice. They feel this type of system will enhance the program to suit all benefactors.

Another valuable source of information for this needs assessment has been the past OTD students who attended the program. Surveys were distributed to students who participated in both the 2007 and 2008 programs (see Appendix D). Results revealed that the majority of students feel they benefited from the fieldwork experience (62.5% from 2008 and 58.8% from 2007). Advantages that students noted were “becoming more familiar with speech therapy,” “experience working with children with [an] ASD,” and “hands-on experience with sensory integration.” Students also provided input on limitations they experienced during the fieldwork. These included, “student roles were not clear…,” “no background information on speech therapy and their goals,” and “poor communication between OT and speech.” Additionally, the 2007 students reported, “the only model of practice used was sensory integration.” The students were asked to provide suggestions on how they felt the fieldwork experience could be improved. Responses included, “more communication between OT and speech students” and “more clearly defined student roles.” These comments were consistent from both the 2007 and 2008 fieldwork students.

Students also reported that improvements could be made with the ASNO ESY orientation component in order to better prepare both disciplines for the program. Results revealed that 82.4% of students from 2007 and 42.9% of students from 2008 felt that the provided orientation was not beneficial. Furthermore, 58.9% of students from 2007 and 14.3% of students from 2008 did not feel prepared academically to participate in the ESY program. Clearly, preparation for
students improved from the first year to the second; however, statistics warrant further improvements to prepare students for a successful fieldwork experience.

Three face to face focus group sessions were conducted with students who attended the 2008 summer ESY program (see Appendix E). Five students attended the first session, three students attended the second session, and two students attended the third session. No students attended a session twice. Comments from the focus groups consistently revealed the need to improve the orientation portion of the fieldwork experience. Suggestions for modification included an opportunity to meet the speech clinicians prior to the start of the program to discuss role delineation, to learn the IEP goals of the children, and to share programming ideas related to these goals. Additionally, the OTD students stated that information should be provided prior to the start of the program to determine the expectations of each discipline. Students from these focus groups stated they felt the group occupation assignment was beneficial to their education.

A fourth focus group was conducted with the OTD students who attended the 2007 ESY program (see Appendix F). This focus group was conducted via group email due to the current wide-spread geographic locations of these individuals. At the time of this focus group, all of these third-year students had completed the entire didactic portion and two Level II fieldworks of the OTD program and were in their final Capstone semester. Students were asked if they felt an interdisciplinary workshop would be beneficial to the success of the ESY; 100% of those responding (n=14) stated they felt it would be beneficial. The students felt this would give opportunity to discuss the specific roles of each discipline and to plan treatment interventions related to the children enrolled in the ESY program.

The opinion of a different group of benefactors was also considered during this in-depth needs assessment. The speech graduate clinicians who attended and participated in the summer 2008 ASNO ESY program were surveyed via email (see Appendix G). A total of thirty surveys
were sent with four surveys returned. Two of the four respondents felt they were not prepared to work with the OTD students; however, they felt the OTD student involvement provided a valuable service to the summer program. One respondent reported, “I really like that if we needed help you could usually find one of the [occupational therapy] students to assist you. My child had a hard time sitting and paying attention and they came up with great ways for her to stay focused and on task.” When asked what was missing or least valuable in terms of the OTD student involvement, they reported that activities were disorganized because the speech students did not know how to fit into the activity. Also, these respondents stated they were unsure of how to utilize the OTD student services.

All four of the speech clinicians supported the idea of an interdisciplinary workshop to better educate both disciplines prior to the start of the program. One respondent stated the provision of an overview of each discipline would be valuable. Further, this would allow opportunity for both sets of graduate students to brainstorm ideas regarding goal setting. The workshop would enable graduate students to gain experience in collaboration. Finally, all four respondents supported the inclusion of a consultative service provision between the two disciplines. The combined results of these focus groups and surveys provide strong support for the need for program modification.

*Models of Practice*

There are several models of practice that are appropriate within this particular setting. Perhaps the most important is the integrated therapy model of practice. When using this model of practice, the occupational therapist strives to intervene nonintrusively (Case-Smith & Rogers, 2005, p. 810). This requires the therapist to work in the child’s natural environment providing him or her with the needed supports for academic success. The student, therefore, is given the opportunity to achieve within the classroom. This supports the requirements of IDEA for
provision within the least restrictive environment. Giangreco (1996, p. 4-5) considers the following factors when using the integrated therapy model. First, the team members must establish shared goals and objectives based upon the IEP and family priorities; secondly, the team must support the teachers overall goals; and lastly, service support members must provide the just right level of guidance to the other team members. Additionally, this model of practice supports the use of occupation-based interventions for academic success which are a strong philosophy of the occupational therapists within the ESY program.

When utilizing the integrated therapy model, occupational therapists should consider a second model of practice. The consultative model is complementary to the integrated model of practice. Case-Smith and Rogers assert that the therapist and teacher “form a cooperative partnership and engage in a reciprocal, problem-solving process” (2005, p. 812). This concept also applies to the speech language pathology discipline within this school setting. The model intends to provide education to the consultee in order to improve his or her knowledge and skill; and secondly, the overall target is to improve the occupational performance of the student.

There are several intervention strategies that the occupational therapist should consider when providing consult services. The therapist must have a full understanding of the student’s limitations, be knowledgeable regarding appropriate intervention strategies, and have effective communication skills. Further, an evaluation plan must be prepared, and the occupational therapist must have a thorough understanding of the educational process and policies and the services available within the school system (Case-Smith & Rogers, 2005, p. 812-813). Swinth and Hanft (2009) state, “with this approach, the occupational therapist can ensure that intervention is relevant to the school setting, and other education professionals can help generalize student’s learning throughout all school activities.”
A third model of practice that is to be considered for this program is the sensory integration model of practice based on the theory by A. Jean Ayers. Ayers believed that disorders in learning are related to deviations in neural function. Ayers theorized that by enhancing sensory integration, learning becomes possible. She defined sensory integration as “the ability to organize sensory information for use,” which then leads to the ability for the brain to learn (1978, p. 3). The brain must be able to interpret the environment in order to properly respond to it (p. 4). Therefore, the therapist must attempt to modify the child’s capacity by starting at the lowest levels of brain function and working to the higher levels. Further, the therapist must consider the environmental demands placed on the child. By altering the occupational form, the child has greater opportunity for occupational success.

Ayers believed therapy to be a supplement to direct classroom instruction (1978, p. 3). Within the ASNO ESY, the occupational therapist intends to assist in the occupation of learning; therefore, this model is a good match with the two previously discussed models of practice. Further, the model once again supports the inclusion of occupation-based interventions within the natural environment.

A final model of practice to be considered for the ASNO ESY is the sensory processing model developed by Winnie Dunn. Dunn states, “sensation is the common language by which we share the experience of being human; it provides a common ground for understanding” (2001). The model examines the neurological threshold and how it affects one’s ability to respond and self-regulate. Dunn postulates four anchor points for measuring one’s threshold and responding strategy:

- Low registration: high threshold with passive responding strategies
- Sensory seeking: high threshold with active responding strategies
- Sensory sensitivity: low threshold with passive responding strategies
Sensory avoiding: low threshold with active responding strategies

An individual with a high neurological threshold will require a high amount of sensory input to enable a response. As opposed to the individual with a low neurological threshold who requires minimal sensory input to enable a response. Secondly, active response strategies are observed in those individuals who either seek increased sensory stimulation (sensory seeking) or actively avoid sensory input (sensory avoiding). Whereas an individual with passive strategies may produce a response to even the smallest stimulus (low registration) or may not even notice sensory input that is available in the environment (sensory sensitivity). Dunn developed the Sensory Profile (Dunn, 1999) to enable practitioners to more easily measure an individual’s neurological threshold and self-regulation processes. The measure considers sensory events that typically occur in daily life. The respondent (parent/caregiver or self depending upon the chosen format) uses a 5-point Likert scale (almost always to almost never) to record the frequency of the individuals likely response to the event. The results provide valuable information which can be translated into ideas for intervention.

The text, *Learning Through the Senses Resource Manual: The Impact of Sensory Processing in the Classroom* (Northern Territory Government, Department of Health & Community Services, 2006, see Appendix H) can be used in conjunction with the Sensory Profile (Dunn, 1999) and the consultation model to provide ideas and recommendations to teachers and parents. The text is divided into sections according to the quadrants asserted by Dunn and is a helpful tool for therapists. The sensory processing model, along with the Sensory Profile (Dunn, 1999) and textbook, are compatible with the previously discussed models and support integrated, occupation-based intervention approaches.

Objectives
The goal of the ASNO ESY fieldwork experience is to provide clinical instruction and Level I fieldwork opportunity to the students in the occupational therapy doctorate program at The University of Toledo within a multidisciplinary therapeutic summer program to support the didactic learning of neurological conditions common within the pediatric setting. The fieldwork opportunity will strive to assist these students to increase their knowledge base and clinical experience of working with children diagnosed with an autism spectrum disorder through the use of appropriate models of practice.

The pre-modification objectives for the ASNO ESY fieldwork opportunity are as follows. By the end of the fieldwork experience, as measured through satisfactory completion of assignments, the OTD students will:

1. Demonstrate knowledge regarding occupations of children diagnosed with an autism spectrum disorder.

2. Demonstrate knowledge of assessing occupational performance of children with an autism spectrum disorder, including clinical observation and review of the IEP, Evaluative Team Reports (ETR), and school occupational therapy report.

3. Identify and utilize appropriate models of practice for providing Occupational Therapy services to children diagnosed with an autism spectrum disorder.

4. Plan, implement, and document interventions for children with a wide range of occupational impairments, including involvement and education of members of an interdisciplinary team as delineated through MOPs IV and FW III requirements.


6. Provide Occupational Therapy services to children diagnosed with an autism spectrum disorder within the context of multidisciplinary intervention teams.
7. Discuss fieldwork experiences in order to increase awareness of professional attitudes and behaviors observed in clinical practice.

8. Provide written and verbal feedback for program evaluation.

Once again, the modification plan for this program does not intend to detract from these pre-modification objectives, but rather to augment the objectives with further advantages for all benefactors. To accomplish this, it is recommended that the following conditions be added to the list of objectives:

9. By the end of the fieldwork experience, the OTD students will demonstrate competency with the use of the consultative model of practice as evidenced through the satisfactory completion of assignments and observations by an ASNO ESY occupational therapist.

Method: Students will learn about the consultative model of practice through lecture in FW III. This will include recommended readings from the Hanft & Place (1996) textbook (see Appendix H). OTD students will complete assignments through FW III and be supported through MOPS IV.

10. Prior to the start of the summer fieldwork experience, the OTD students will demonstrate competency with interacting within a multidisciplinary setting as evidenced through interactions and discussion at a multidisciplinary session with speech pathology graduate students.

Method: OTD students will attend and participate in an interdisciplinary workshop with the speech pathology graduate students prior to the start of the ESY. Students will learn about the speech pathology discipline and will engage in an educational process involving common methodologies used by the profession within a school-based system.

Finally, in order to provide evidence of benefit to key ESY program benefactors, the following objective is proposed:
11. By the end of the summer fieldwork experience, occupational therapy service provisions within the summer ESY will be enhanced through the inclusion of the OTD fieldwork students as evidenced through outcome measures.

Method: OTD students will provide valuable and beneficial services approved through the ASNO ESY benefactors through the provision of supervised support by ASNO ESY occupational therapists and The University of Toledo OTD faculty. These services will enhance the outcome measures obtained from the children served in the ESY as determined by the ASNO staff.

The overall aim of the program modification is to enhance not only the educational benefits for the OTD students, but to provide improved collaboration for other interested benefactors. Through the needs assessment process, major benefactors in the program agree on the benefits of the OTD student involvement. The proposed recommendations are intended to provide enhancement of these benefits.

Participant Pool

The OTD student pool of participants eligible to participate within the ASNO ESY program will remain the same as prior to the modification plan. These students must be registered for MOPS IV and FW III during the summer semester. It is intended that OTD students will be chosen at random to participate in either the ASNO ESY program or perhaps another designated clinical site. Students participating within the ASNO ESY will be expected, as previously, to follow all departmental and graduate college obligations and guidelines, including confidentiality requirements. These regulations will be posted via the student intranet and/or within the two courses syllabi.

Additional participants will include the speech language pathology graduate clinicians who are eligible to participate in the upcoming ASNO ESY program. It is recommended that
these student clinicians participate in an interdisciplinary workshop prior to the start of the ASNO ESY program in order to further their understanding of the benefits of occupational therapy services and to understand the purpose of the OTD student involvement. Furthermore, it is recommended that the speech language pathology faculty provide education to the OTD students regarding the benefits of speech language pathology as a profession and their specific role within the ASNO ESY program. The interdisciplinary workshop and subsequent orientation is intended to provide opportunity for all graduate students who will be involved with the summer ESY to begin the process of collaboration by becoming acquainted and discussing clinical factors prior to working side-by-side within the school.

This program modification plan includes one additional set of participants. Benefactors of the ASNO ESY will be targeted to complete program evaluations at the conclusion of the program. The current program evaluation includes the OTD student course evaluation and ESY parent evaluation of the overall program. These program evaluations will be revised as they relate to occupational therapy involvement and additional program evaluations will be considered for other interested benefactors (e.g. special education teachers and speech language pathologists). These program evaluations will be further described in the program evaluation section of this dissemination.

Implementation of Aims

The aims of this program will be met through systematic preparation of materials prior to the start of the summer semester. Because the actual program is held during the summer, implementation of the proposed fieldwork objectives cannot be carried out during this Capstone semester. However, the detailed preparation toward implementation and completion of the combined goals and objectives will be described. Early preparation methods have been analyzed and modifications have been made, this includes registration materials for the children accepted
into the program and the timeline for receipt of all required information. Request for input from an additional benefactor, the home school occupational therapist, has been established and implemented. To better prepare students for the fieldwork experience, recommendation of an additional text has been proposed and approved. Furthermore, to enhance the collaborative process required for the success of the ESY fieldwork, an Interdisciplinary Workshop with the speech language pathology graduate students has been developed and supported. Modifications to the ESY orientation have also been proposed in order to allow for more detailed provision of program information. Finally, student assignments along with grading rubrics and a timeline have been developed to bolster students learning with the collaborative and consultative models of practice.

In order for the ESY occupational therapists to prepare for a child entering into the program, it is critical that as much information about the child be obtained prior to the start of the school. There are several avenues that are currently utilized to gather information. Initially, the executive director of ASNO obtains a Parental Report of Current Performance (see Appendix I). After acceptance into the program, the parent must supply a copy of the child’s current ETR, IEP, and recent progress notes from relevant school providers (e.g., occupational therapist and speech language pathologist). Parents are also asked to complete the Sensory Profile Questionnaire (Dunn, 1999) and Pediatric Evaluation of Disability Inventory (PEDI; Haley, Coster, Ludlow, Haltiwanger, & Andrellos, 1992).

The Parent Report of Current Performance is a non-standardized check-list of questions about the child’s current skills and behaviors in self-care (e.g., toileting, dressing, eating), social-emotional skills (e.g., play with other children, task completion, reinforcers), and academic skills (e.g., language arts/communication and math). The last page of the form seeks information on parental objectives for academic skills and rewards and consequences.
- What five academic skills are most important to master this summer?
- What five social skills would you like for your child to learn this summer?
- What rewards do you use when your child uses appropriate behaviors?
- What consequences do you use when your child behaves inappropriately?
- What special interests or talents does your child have we should know about?

The main purpose of this form is to assist ASNO ESY coordinators in choosing which children will be accepted into the program. However, the form also serves as a valuable source of information for others in the program in regards to the child’s current skills and the parent’s intended objectives for the program.

In past years, the Sensory Profile (Dunn, 1999) and PEDI (Haley et al., 1992) assessment forms have been distributed to parents during the initial diagnostic appointment at the Speech Language and Hearing Clinic with expectation of return prior to the start of the program. This process has not been successful in that the assessment forms have not always been received before the first day of school. This has caused a lag in the child’s profile and ultimately affected occupational therapy programming for the child. Furthermore, the delay also affected the learning experience for the OTD students. While these students were expected to complete assignments, lack of the full profile created a diminished description for programming preparation.

Modification of the timeline for distribution and receipt of these assessments has been proposed and implemented (see Appendix J) with the ultimate approval received by Linell Weinberg, LSW, ASNO Executive Director (personal communication, April, 8, 2009). Both the Sensory Profile (Dunn, 1999) and the PEDI (Haley et al., 1992) have been included in the initial acceptance packets that were mailed to parents in April. In order to prepare for this mailing, all necessary assessments had been ordered and obtained prior to the beginning of April. Further, a
cover letter to be included in the mailing has been written including instructions for completion of the PEDI assessment (see Appendices K and L, respectively). Parents have been directed to complete the assessments and to return them to the Speech Language and Hearing Clinic upon arrival to their scheduled diagnostic appointment.

Completed forms are to be gathered by the ESY occupational therapists for scoring and program planning. Early receipt of these assessment forms will also be to the benefit of the OTD students preparing to enter the program. These students will be able to review the data and begin planning for the intended programming needs (see Appendix M). The allowance of early preparation will provide enhanced implementation of services toward the children’s goals and objectives, therefore, improving outcome measures.

A further source of relevant information for the ESY occupational therapists has been proposed and approved. Each child’s home-school occupational therapist also stands as a program benefactor and can serve as a valuable resource. A form has been prepared which inquires as to the current intervention methods, current sensory strategies, and current consultative services that are being employed throughout the regular school year for the child (see Appendix N). This information will provide critical data to the ESY occupational therapists in preparing to meet the needs of the child. The school occupational therapist is provided with instruction and a return envelope to ensure simplicity of this request. Approval for the addition of this paperwork has been obtained from Alexia Metz, PhD, OTR/L and Linell Weinberg, LSW, Executive Director (personal communication, April 8, 2009) and has been included in the acceptance packet sent to parents. The parent has been instructed to sign for the release of information and to give the form and envelope to the school occupational therapist. This data will also serve to benefit the OTD students as a resource to review prior to the start of their fieldwork experience, and once again will enable more complete preparation of services.
An additional textbook is being recommended in order to enhance student learning of the consultative model of practice. The text will be listed as required for the FW III course. Hanft and Place (1996, see Appendix H) provides information on how occupational therapists can successfully institute this model within the academic setting. Readings have been established along with written reflection assignments (see Appendix O). These readings and assignments will enable students to become familiar with this model and prepare for the summer fieldwork experience. The addition of this textbook, the accompanying readings, and the assignments have been approved by Beth Ann Hatkevich, PhD, OTR/L and Melanie Criss, MOT, OTR/L who have responsibility for the FW III coursework.

A major recommendation being proposed is the addition of an Interdisciplinary Workshop between the OTD students and the speech clinicians (see Appendix P). In prior years, little to no opportunity has been provided for the OTD students to learn about the speech therapy discipline and what their role within the ESY is intended to be. The workshop will serve several purposes. Occupational therapists and speech therapists often work hand-in-hand within school systems and other settings (e.g., hospitals, skilled nursing facilities, etc.). Either may find him/herself in a position to refer assessment and/or treatment services to the other. Additionally, it is not uncommon for either discipline to manage or supervise the other within certain practice settings. The addition of the proposed workshop will enable opportunity for both disciplines to learn the scope of practice and increase competence of one another respectively.

Secondly, the workshop will provide an orientation for the initial collaboration of those individuals who will be working together at the ESY. The graduate students will be given opportunity to discuss the children who will be served within the ESY, brainstorm methods of intervention, and prepare for the summer program. Attendance at the Interdisciplinary Workshop and subsequent orientation are to be assigned through the FW III course (OCCT733). The
workshop is to be scheduled within two weeks of the start of the ESY program. The date and time will need to be coordinated between the OTD program, the speech therapy program, and ASNO in order to accommodate for all professionals who will be needed for presentation (see Appendix Q). It is recommended that those students who will not be attending the ASNO ESY fieldwork opportunity still be required to attend the workshop as a requirement of FW III; however, these students will be excused for the ASNO ESY orientation portion.

With the inclusion of the Interdisciplinary Workshop, it is intended that graduate students from both disciplines will be better prepared to work collaboratively. This will enable smoother transition and programming for the children in the ESY and afford opportunity for the OTD students to gain valuable knowledge and experience with the collaborative and consultative models of practice. These two models of practice have not been detailed within any of the fieldwork courses prior to this modification. However, knowledge of and experience with these models is vital in preparing students for Level II fieldwork and future employment.

Furthermore, inclusion of the workshop supports several specific ACOTE Standards (2008, see Appendix C). For example, Standard A.6.2. requires learning activities for preparation beyond a generalist level. The inclusion of the collaborative model of practice requires students to use clinical reasoning skills to educate others, therefore, supporting this Standard. Standard heading B.3.0. mandates that occupational therapy programs must facilitate the development of application of theory, integration of a wide variety of models of practice, and application of evaluation and intervention within various practice settings, including population-based approaches. Standard 5.5.21. states that students must be able to demonstrate techniques in skills of supervision and collaboration with other professionals on the use of therapeutic techniques. Also, Standard B.5.24. requires students to monitor and reassess occupational performance in
collaboration with other members of the team. The provision of this workshop enables students to begin the process of collaboration, while meeting these and other ACOTE Standards.

Implementation of proposing the additional Interdisciplinary Workshop has begun. Initial approval was obtained from The University of Toledo faculty members Beth Ann Hatkevich, PhD, OTR/L, Alexia Metz, PhD, OTR/L, and Melanie Criss, MOT, OTR/L. Collaboratively these individuals are responsible for planning and implementing the FW III assignments. These individuals also will be responsible for staffing the Interdisciplinary Workshop.

Approval has also been obtained from Julie Jepsen Thomas, PhD, OTR/L, OTD Program Chair (see Appendix R). Dr. Thomas feels the workshop will provide a valuable educational experience for the graduate students of both programs (personal communication, April 13, 2009). A meeting on April 20, 2009 with Lori Pakulski, PhD, CCC-A, Interim Program Chair for the speech language program, revealed her approval of the workshop. She also feels this will be a valuable experience for both programs. Concern for when the workshop will be held and how the speech department will staff the event were discussed. The speech graduate students only have classes during Summer I which is followed by a one-week break prior to Summer II; administrative faculty will not be present in the Speech Language Pathology department during Summer II. Fortunately, it is recommended that the workshop be held prior to the start of the ASNO ESY, during the Summer I period. Dr. Pakulski intends to discuss the workshop with the faculty to determine who would be interested in participating.

Recommendations for modification to the ESY orientation process have also been considered. Orientation for the summer 2007 ESY brought graduate students from both disciplines together for lectures from the speech language pathologist, occupational therapist, and behavioral psychologist. However, the graduate students were not provided opportunity to collaborate, only to passively listen to the lectures. Additionally, the OTD students did not tour
the ESY facilities. Orientation for the summer 2008 ESY also did not provide opportunity for the two disciplines to collaborate, although the OTD students were provided an on-site orientation. Post-modification recommendations will give opportunity for all the graduate students to become acquainted with one another and collaborate on programming ideas for specific children.

One major modification of consideration for improvement to the orientation process is to divide the graduate students into respective classroom assignments rather than providing lecture to the entire group. The ESY will accommodate five classrooms for thirty children this summer, and the speech clinicians and OTD students will be allocated among them. By dividing the orientation group per classroom, professionals within the program can provide specific information that relates to the children within that classroom. This will be of benefit to the students and ultimately the children. Further, the OTD students will be provided a tour of the ESY facilities in order to improve their preparedness for the assignments. These changes to the orientation process will benefit both disciplines; therefore improving the services provided to the children and ultimately the outcomes of the summer program.

Cindy Morelli, MEd, CCC/SLP acknowledges that the proposed changes to the orientation will be a beneficial modification in preparing the graduate students for the summer ESY (personal communication, April 30, 2009). She agrees that by separating the group per their classroom assignment more specific information can be relayed that will benefit the overall design of the program. She intends to arrange a meeting between all of the professional staff who will be involved with this portion of the orientation, including special education teachers, to discuss a more detailed itinerary. It is recommended that the orientation be provided directly following the Interdisciplinary Workshop since all involved students and faculty are intended to be present (see Appendices M & Q).
In order to prepare for assignments, occupational therapy students who will be participating in the program will be provided with the above mentioned data (assessment scores, current IEP, ETR, progress notes, and school OT form). This information will allow the student to gain an accurate portrait of the child. Further, students need to be familiar with the goals and objectives that the speech clinicians will be focusing on, including the academic goals. It is intended that this material will be distributed no later than at the time of the Interdisciplinary Workshop in order to begin the collaborative process. Early receipt of this information will lengthen the preparation time and therefore, enhance the final outcomes of the program.

Recommendations for modification to student assignments and grading rubrics (see Appendices O & S) related to the ASNO ESY fieldwork placement have been proposed and approved. These proposed assignments will complement the current OTD curriculum by adding a component specifically on collaboration and consultation. The assignments enable the OTD students to have first-hand experiences with working collaboratively with the speech graduate clinicians and other professionals within the ESY while providing consultative and occupation-based interventions.

Students will be required to attend the ESY placement one day weekly for five weeks (see Appendix M). This is a modification from previous years. Students will not be required to attend the sixth week of the program for the 2009 summer. This is due to the end of the summer session for the OTD students in the fifth week of the program. Permission may be granted for any student who wishes to attend the final week. By attending the ESY on a weekly basis, students will be better able to follow the progress of the assigned child throughout the summer program, enhancing outcomes for all benefactors.

Post-modification assignments (see Appendix O) were chosen through careful analysis of the ACOTE Standards (2008; see Appendix C) and consideration of the opinions of OTD
students who were involved in the ESY in the past. To assist students in gaining valuable experience with the concepts and theories of the consultative model of practice, an assignment has been developed which requires students to follow one child’s consultative report for the five-week period. An initial report will be created by the ESY occupational therapist and updates will be delivered via the OTD student with approval from the fieldwork educator. This assignment supports the use of the collaborative and consultative models within a multidisciplinary setting and meets several ACOTE Standards including the following. Standard B.5.22. requires that students will understand when and how to use the consultative process, and Standard B.5.23. requires that students will have knowledge of referring to specialists for consultation and intervention. Standard B.5.24. states that students must monitor and reassess in collaboration with other team members on the effects of occupational therapy intervention and the need for modifications.

The evidence-based article assignment will enable students to gain knowledge of theory and will reinforce the importance of looking to the literature to support intervention. Standard B.8.2. (ACOTE, 2008; see Appendix C) requires for students to effectively locate, understand, and evaluate information related to practice. Standard B.8.3. mandates the use of research literature to make evidence-based decisions. This assignment will enable to students to meet these Standards while improving their skills with the use of evidence-based practice.

The collaborative occupation assignment will enable the students to once again work together with the speech clinicians to plan, conduct, and document upon an individually chosen occupation. This assignment is a modification of last year’s assignment that required students to conduct group occupations. The assignment meets Standard B.5.1. (2008; see Appendix C) which requires students to use evaluation findings to diagnose occupational performance and
participation and develop occupation-based intervention plans. Standard B.5.4. requires students to provide training to others surrounding occupational needs.

Lastly, the outcomes assignment was created to assist students in summarizing those recommendations that were successful throughout the summer. It is intended this report will be included at the final parent meeting. Standard B.5.18. (2008; see Appendix C) requires students to effectively interact with others through written communication. The final consultative report meets this standard by enabling communication with many individuals, including parents, school professionals, and ESY benefactors.

The proposed assignments will serve as a means of documenting student success. The notebook assignment is intended to provide a means of maintaining the assignments for final grade by the Coordinator of Fieldwork and Professional Development. Standard B.10.14. (2008; see Appendix C) requires the development of professionalism and competence in career responsibilities. The notebook assignment supports this Standard by promoting the use of organizational skills. A further responsibility that will be enforced as delineated in the Fieldwork Manual, is the maintenance of confidentiality of private information. Accordingly, the faculty within the OTD program, will support this practice as required through The University policy.

Approval for the proposed assignments has been obtained through a meeting with Beth Ann Hatkevich, PhD, OTR/L and Melanie Criss, MOT, OTR/L who coordinate and teach the FW III course. Further approval has been obtained from Alexia Metz, PhD, OTR/L who serves as an ESY occupational therapist and teaches the coinciding MOPS IV course. These three individuals are in agreement that the intended assignments support the current curriculum design of The University of Toledo OTD program and will be beneficial for students in preparing them for Level II fieldwork and future employment (personal communication, April 9, 2009). The
assignments will be delivered through the FW III course and supported through lectures within the MOPS IV course.

**Implications for Budgeting and Personnel**

Approval for the proposed program modifications have been gathered through various program stakeholders. The approval processes which have been outlined previously have been obtained from the following individuals:

- Dr. Julie Jepsen Thomas, PhD, OTR/L, FAOTA, Professor and Chair of the Department of Occupational Therapy: Interdisciplinary Workshop (see Appendix R).
- Dr. Lori Pakulski, PhD, CCC-A, Interim Program Chair: Interdisciplinary Workshop.
- Linell Weinberg, LSW, Executive Director, ASNO: Registration mailing modifications.
- Alexia Metz, PhD, OTR/L, Assistant Professor, ASNO Occupational Therapist: All modifications.
- Beth Ann Hatkevich, PhD, OTR/L, Clinical Associate Professor and Director of Clinical and Educational Programming: All modifications.
- Melanie Criss, MOT, OTR/L, Clinical Instructor and Coordinator of Fieldwork and Professional Development: Modifications related to Fieldwork and Professional Development III.
- Lou Curcio, special education teacher, ASNO: use of collaborative and consultative models of practice, need for modification to orientation.
- Cindy Morelli, MEd, CCC/SLP, ASNO, UT Faculty: Need for modifications to orientation.

Minimal modifications have been made to the budgetary needs of the ASNO ESY fieldwork opportunity. It is recommended that two OTD faculty be assigned to present at the Interdisciplinary Workshop. It is estimated that 24 speech graduate students will attend the
workshop; in order to accommodate for space within the Clinic, it is suggested to divide into two groups of twelve during the OT presentation. This will require 1.75 contact hours and additional preparatory time for each faculty. Furthermore, there will be minimal costs involved with prepared handouts to be distributed to students attending the workshop. It is intended that these costs will be provided in-kind through OTD and speech language pathology program budgets.

A further change in the staffing needs of the ESY program was previously authorized by Linell Weinberg, LSW, ASNO Executive Director prior to this modification plan. For the summer 2009 program, there will be two OTR’s rather than one OTR and 2 OTA’s as was the staffing for last summer. While this staffing arrangement was defined outside the parameters of this modification plan, the decision does impact the construction of the proposed modifications. The presence of two OTR’s allows for one more fieldwork educator than was not available last summer. This addition provides for increased student supervision; therefore, potentially improving the outcomes intended of this fieldwork experience.

Additional nominal budgetary modifications have been accommodated through the in-kind support of ASNO. This includes:

- Copies of letter to parents (30)
- Copies of instructions for the PEDI (30)
- Copies of School-based OT form (30 x 3 pages)
- Postage-paid return envelopes for School-based OT form (30)
- Postage-paid return envelopes for parent program evaluation forms (30)

This program modification plan did not provide for new revenue generation for either ASNO or The University of Toledo OTD program. Nor does the program plan require additional hiring of personnel. While, 1-2 faculty from both programs (OTD and Speech Language Pathology) will
be required for the success of the Interdisciplinary Workshop, it is not intended that budgetary modifications for faculty compensation will be necessary.

Minimal additional training procedures will be required for implementation of the proposed program. Information related to the intended fieldwork assignments (see Appendix O) have been relayed to the Coordinator of Fieldwork and Professional Development and Director of Clinical and Educational Programming. While the ESY occupational therapists will be responsible for grading of several assignments (see Appendices O, Q, & S), the Coordinator of Fieldwork and Professional Development will be ultimately responsible for the final grade provision for the students. Therefore, it is critical this individual fully understands the intended outcomes of the proposed assignments in relation to the objectives. Further, discussion related to the goals and objectives of the OTD student involvement will need to be conducted with the paid staff of the ESY. It is necessary that the professionals within the program fully understand the purpose of the OTD student inclusion in order to support their fieldwork objectives and the success of their involvement.

Program Modification Evaluation

Throughout the program, evaluative processes will be fundamental for the stakeholders of the ASNO ESY. Feedback from key benefactors will be sought through various methods. The primary goal established through this program modification plan is to evaluate the effectiveness of the fieldwork placement for the OTD students. The program’s overall performance is to be measured against the goals and objectives as delineated earlier in this proposal. The most integral process of formative evaluation for these goals and objectives will be through the proposed assignments (see Appendix O). The outcomes of the assignments will provide evidence of student performance and knowledge, and the outcome scores will be formulated toward the final
course grade (see Appendix S). The following describes the objectives and the proposed methods for evaluation.

1. Prior to the start of the summer fieldwork experience, the OTD students will show competency with interacting within a multidisciplinary setting as evidenced through interactions and discussion at a multidisciplinary session with speech pathology graduate students.

   This objective is to be evaluated through observation of the students by the faculty who will be present at an interdisciplinary workshop. Attendance and participation at the workshop is mandatory in order to obtain the full amount of credit for the assignment. Furthermore, evaluation of the Interdisciplinary Workshop content and instructors will be gleaned through those students who attend. A program evaluation form has been designed in order to gain feedback in which to make improvements and adjustments for the following year (see Appendix T).

2. Demonstrate knowledge regarding occupations of children diagnosed with an autism spectrum disorder.

3. Demonstrate knowledge of assessing occupational performance of children with an autism spectrum disorder, including clinical observation and review of the IEP, ETR, and school occupational therapy report.

4. Identify and utilize appropriate models of practice for providing occupational therapy services to children diagnosed with an autism spectrum disorder.

5. Plan, implement, and document interventions for children with a wide range of occupational impairments, including involvement and education of members of an interdisciplinary team as delineated through MOPS IV and FW III requirements.

7. Provide occupational therapy services to children diagnosed with an autism spectrum disorder within the context of multidisciplinary intervention teams.

8. By the end of the fieldwork experience, the OTD students will show competency with the use of the consultative model of practice.

The student performance toward these objectives will be evaluated through the three weekly consultative assignments, the planning and execution of an occupation-based intervention in collaboration with the speech clinician, and the final written outcomes of consultation. The assignments will be reviewed by the supervising ESY occupational therapist as delineated on the assignment outline and by the Coordinator of Fieldwork and Professional Development through the assigned notebook assignment (see Appendices O, Q, & R). The attendance schedule was created to allow students to follow the progress of an assigned child throughout the program (see Appendix M). This will enable students to witness the results of their consultative recommendations.

9. Discuss fieldwork experience in order to increase awareness of professional attitudes and behaviors observed in clinical practice.

10. Provide written and verbal feedback for program evaluation.

Students will reflect on their experiences at the ESY during their weekly FW III course. Final written evaluation will be collected at the conclusion of the summer semester through the current course evaluation process. Verbal feedback from students can also be gathered through the current curriculum review process. Finally, students will have opportunity to provide written feedback through a Student Evaluation of Level I Fieldwork Experience (see Appendix U). This evaluation form was newly developed for this program, but could be utilized for other Level I sites. The tool allows students to provide their feedback in regards to items specific to the site such as orientation, benefits gained, academic preparation, assignments, etc. Further, this tool
will enable students to provide comment with respect to the fieldwork educator. This evaluation is to be completed by the student prior to the last day of fieldwork at the ESY. Students are to discuss their comments with the ESY fieldwork educator in order to promote continued improvements for future years (see Appendices M & Q).

The ESY occupational therapists will be able to gather informal feedback of student progress through direct observation and conversations with the speech clinicians and the professionals within the program. While this is not a formal evaluative method, this approach may prove to be quite valuable. A summative evaluation using the Level I Fieldwork Evaluation form will be completed by the ESY fieldwork educators for each student (see Appendix V). This form is universal and no recommendations for changes are necessary. However, it should be noted that this evaluative method was not utilized during the 2007 summer, and therefore is a modification from that year. Once again, this evaluation should be completed prior to the last day of scheduled fieldwork for each student (see Appendices M & Q). The comments on the evaluation are to be discussed with each student individually in order to allow for personal growth.

Currently, OTD students provide formal written feedback regarding course effectiveness at the end of each semester. The course evaluation form includes a section to evaluate the course instructor and provides valuable feedback regarding both the didactic materials and fieldwork experiences of each student. It also allows students to provide their opinion of readiness for the fieldwork experience. Any relevant feedback should be made available to ASNO and/or the fieldwork educators in order for these benefactors to consider improvements as needed.

The final program modification objective will allow for measurement of how the OTD student involvement benefited the ASNO ESY program as noted by key program benefactors.
12. By the end of the summer fieldwork experience, occupational therapy service provisions within the summer extended school year will be enhanced through the inclusion of the OTD fieldwork students.

This final objective will be evaluated via several formats. Formative and summative evaluations will be gathered from the professional staff of the ASNO ESY. Linell Weinberg, LSW, ASNO Executive Director has stated that she wants to see reciprocation of benefits (personal communication, January 13, 2009). It is critical that the viewpoints of all members of the team be sought in order to determine if the presence of the OTD students has made an effect upon the program. Informal feedback will be sought throughout the summer from the professional staff of the ESY. A final staff evaluation of the Level I fieldwork experience will be requested from each paid employee within the program who may have had contact with the OTD students (see Appendix W).

Several other methods of summative evaluations are proposed in order to evaluate the program from the standpoint of other benefactors. In the past, parents have been provided opportunity to provide valuable feedback to ASNO regarding their opinion of the program’s effectiveness (see Appendix X). A written evaluation form has been distributed to parents toward the conclusion of the program with instruction to return prior to the final conference. While this method of return does provide an easy way for parents to remit the evaluation, it prevents accurate information related to the finality of the program (Item 21) from being obtained. Therefore, it is recommended that parents be provided with a postage-paid return envelope and directed to send the form after the final conference.

Additionally, the current survey seeks minimal evaluation of occupational therapy services. The form asks parents to rate on a scale of 1-5 the effectiveness of speech language services. However, there is not an item to rate the effectiveness of occupational therapy services
in its entirety. Therefore, revision to this program evaluation is proposed (see Appendix Y). The new form has been modified to include parent opinions of the inclusion of the graduate students, both speech language pathology and occupational therapy. Furthermore, more detailed feedback of occupational therapy services is requested.

Recommendations for Future Modifications

Due to the enormity of this program, it has been difficult to include all aspects for modification within this 16-week semester. Through continued modification, the ASNO ESY program will continue to provide excellent services. It is recommended for the future that program coordinators and staff consider modifications in the following areas.

The Parental Report of Current Performance (see Appendix I) is distributed to parents interested in registering their child and is used as an inclusionary tool for program coordinators. While the theory behind the use of the form is appropriate, the information requested is repetitive and perhaps frustrating to parents. A new form with input from each major discipline involved with the program (special education, speech therapy, occupational therapy, and behavioral psychology) should be coordinated and developed. Areas to consider are academics, communication and language, fine motor skills, gross motor skills, sensory needs, and behavioral needs. Care should be taken not to duplicate questions in order to decrease the amount of time spent in completing the necessary paperwork for admission into the program.

A second recommendation for future modification is the inclusion of occupational therapy during the initial diagnostics held at the Speech Language and Hearing Clinic. This inclusion will enable the program’s occupational therapist to meet the child and determine his or her current abilities and limitations to be addressed during the summer. Quick screenings within those areas designated on the IEP could be conducted. Budgetary and temporal needs will need to be addressed in order to accommodate for this recommendation.
Thirdly, consideration should be taken for opportunity to conduct evidence-based outcome measures. With improved communication between all disciplines, coordinated efforts could be established. This information could provide valuable data to each of the disciplines along with support for grant funding for the program.

Conclusions

The goal of this program modification plan was to evaluate the role of the OTD students within a summer ESY Level I fieldwork placement held at The University of Toledo in cooperation with ASNO. This program has proven to be a valuable experience for the doctorate students over the past two summers; however, the need for modification was established via several methods. While graduate students from two disciplines were brought together to support the program, the delineation of roles and communication methods were never adequately established which resulted in less than optimal service provision. The proposed modifications intend to strengthen the program by improving the collaboration between all involved disciplines. Introduction of an Interdisciplinary Workshop will provide educational benefit for students within the two graduate programs and will provide opportunity for these students to begin preparation for the summer ESY. Furthermore, improvement to the orientation process will enable students to define their specific roles and create improved communication methods.

Modifications to the OTD Level I fieldwork assignments support a vast array of 2008 ACOTE Standards and will provide enhanced clinical experience with both the collaborative and consultative models of practice which were previously not fully addressed within the curriculum. These assignments were created in order to better prepare OTD students for Level II fieldwork and future clinical employment. Through improved preparation and role delineation, it is intended that ESY services will be enhanced. Further, outcomes will be measured through various program evaluation methods, including a new Student Evaluation of Level I Fieldwork
which could be utilized at other Level I sites. Approval for a number of the proposed modifications has been obtained by key personnel within the program; further approval is currently being sought and is expected to be granted.
References


Appendix A

ASNO Organizational Chart

ASNO Board of Directors
Executive Board & Board Members

Executive Director
Linell Weinberg

Contract Staff

ASNO ESY

Clerical Staff

Special Education Teachers

Speech Language Pathology

Occupational Therapy

Behavioral Psychologist

Speech Language Pathology
Graduate Students “Clinicians”

Occupational Therapy Doctorate Students
Appendix B

The University of Toledo College of Health and Human Services Organizational Chart

University of Toledo
President
Loyd Jacobs

College of Health & Human Services
Beverly J. Schmoll, PT, Ph.D., FAPTA, Dean

Division of Health

Department of Health & Rehabilitative Services
Ruthie Kucharewski, Chair

Speech Language Pathology

Speech Language & Hearing Clinic

Department of Occupational Therapy
Julie Jepsen Thomas, Chair

Professor Alexia Metz
Coordinator of Fieldwork & Professional Development
Melanie Criss

ASNO ESY
Appendix C

Relevant Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist

Section A: General Requirements for Accreditation

A.2.0. Academic Resources

A.2.22. Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.

A.3.0. Students

A.3.5. Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.

A.3.6. Evaluation content and methods must be consistent with the curriculum design: objectives; and competencies of the didactic, fieldwork, and the experiential components of the program.

A.3.7. Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students’ progress and academic standing.

A.3.9. Advising related to professional coursework, fieldwork education, and the experiential component of the program must be the responsibility of the occupational therapy faculty.

A.5.0. Strategic Plan and Program Assessment

A.5.3. Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to

- Faculty effectiveness in their assigned teaching responsibilities.
- Students’ progression through the program.
- Fieldwork and experiential component performance evaluation.
- Student evaluation of fieldwork and the experiential component experience.
- Student satisfaction with the program.
- Graduates’ performance on the NBCOT certification exam, if applicable.
- Graduates’ job placement and performance based on employer satisfaction.
- Graduates’ scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards.)

A.5.6. The results of ongoing evaluation must be appropriately reflected in the program’s strategic plan, curriculum, and other dimensions of the program.

A.6.0. Curriculum Framework. The curriculum framework is a description of the program that includes the program’s mission, philosophy, and curriculum design.

A.6.1. The curriculum must ensure preparation to practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.

A.6.2. The curriculum must include course objectives and learning activities demonstrating preparation beyond a generalist level in, but not limited to, practice skills, research skills, administration, leadership, and theory.

A.6.4. The curriculum must include application of knowledge to practice through a combination of experiential activities and a culminating project.

A.6.8. The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.
A.6.9. The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objective must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.

Section B: Specific Requirements for Accreditation

The specific requirements for accreditation contain the content that a program must include. The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes.

B.1.0. Foundational Content Requirements. The student will be able to

B.1.1. Demonstrate oral and written communication skills.

B.1.2. Employ logical thinking, critical analysis, problem solving, and creativity.

B.1.5. Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and elderly persons). Course content must include, but is not limited to, developmental psychology.

B.1.6. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.

B.1.10. Apply quantitative statistics and qualitative analysis to interpret tests, measurements, and other data.

B.2.0. Basic Tenets of Occupational Therapy. Coursework must facilitate development of the performance criteria listed below. The student will be able to
B.2.6. Analyze the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.

B.2.7. Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to formulate an intervention plan.

B.2.8. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.

B.2.9. Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).

B.2.10. Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.

B.2.11. Analyze, synthesize, evaluate, and apply models of occupational performance and theories of occupation.

B.3.0. Occupational Therapy Theoretical Perspectives. The program must facilitate the development of the performance criteria listed below. The student will be able to

B.3.1. Apply theories that underlie the practice of occupational therapy.

B.3.2. Compare, contrast, and integrate a variety of models of practice and frames of reference that are used in occupational therapy.

B.3.5. Apply theoretical constructs to evaluation and intervention with various types of clients and practice contexts, including population-based approaches, to analyze and effect meaningful occupation.
B.4.0. Screening, Evaluation, and Referral. The process of screening, evaluation, referral, and diagnosis as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to

B.4.4. Evaluate client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
B.4.6. Interpret criterion-referenced and norm-referenced standardized test scores based on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.

B.4.7. Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.

B.4.8. Interpret the evaluation data in relation to accepted terminology of the profession, relevant theoretical frameworks, and interdisciplinary knowledge.

B.4.9. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

B.4.10. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.0. Intervention Plan: Formulation and Implementation. The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to

B.5.1. Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as
well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).

- Performance patterns (e.g., habits, routines, roles) and behavior patterns.

- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).

B.5.4. Provide training in self-care, self-management, home management, and community and work integration.

B.5.5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills.
B.5.6. Provide therapeutic use of self, including one’s personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.

B.5.7. Demonstrate care coordination, case management, and transition services in traditional and emerging practice environments.

B.5.8. Modify environments (e.g., home, work, school, community) and adapt processes, including the application of ergonomic principles.

B.5.15. Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.

B.5.16. Demonstrate the ability to educate the client, caregiver, family, significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.

B.5.18. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, communities, colleagues, other health providers, and the public in a professionally acceptable manner.

B.5.19. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, sociocultural context, and technological advances.

B.5.20. Select and teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.

B.5.21. Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.

B.5.22. Understand when and how to use the consultative process with groups, programs, organizations, or communities.
B.5.23. Refer to specialists (both internal and external to the profession) for consultation and intervention.

B.5.24. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.

B.5.29. Provide population-based occupational therapy intervention that addresses occupational needs as identified by a community.

B.7.0. Leadership and Management. Leadership and management skills include principles and applications of leadership and management theory. The program must facilitate development of the performance criteria listed below. The student will be able to

B.7.2. Identify and critically evaluate the impact of contextual factors on the management and delivery of occupational therapy services for individuals and populations.

B.7.10. Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

B.8.2. Effectively locate, understand, and evaluate information, including the quality of research evidence.

B.8.3. Use research literature to make evidence-based decisions.

B.9.0. Professional Ethics, Values, and Responsibilities. Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be able to

B.9.1. Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice*, and AOTA *Standards of Practice* and use them as a
guide for ethical decision making in professional interactions, client interventions, and employment settings.

B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

B.10.0. Fieldwork Education. Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will

B.10.1. Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.

B.10.3. Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the student.

B.10.4. Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining contracts and site data related to fieldwork placements.

B.10.5. Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the students and fieldwork educator about progress and performance during fieldwork.
B.10.11. Ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.

B.10.13. Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.

B.10.14. Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.

B.10.18. Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., material on supervisory skills, continuing education opportunities, articles on theory and practice).

(ACOTE, 2008)
ASNO Extended School Year Fieldwork Experience Survey

1. List 3 benefits of having attended the ASNO program.
   1.
   2.
   3.

2. List 3 limitations that you experienced while at the ASNO program.
   1.
   2.
   3.

3. Did you find the experience beneficial over-all?
   YES    NO

4. Do you feel the experience complimented the classroom portion of the OTD program?
   YES    NO

5. Did you feel prepared for the fieldwork experience?
   YES    NO

6. Do you feel the assignment was the just right challenge for you at that time in the OTD program?
   YES    NO

7. Do you feel you received a good orientation to the program prior to starting your fieldwork experience?
   YES    NO

8. Do you feel that you received enough support from the OT staff at the program?
   YES    NO

9. List 3 things that you would change about the fieldwork experience?
   1.
   2.
   3.

10. List 3 things that you keep the same about your fieldwork experience?
    1.
    2.
    3.

11. What year did you attend the ASNO Extended School Year Fieldwork Experience?
    2007    2008
Appendix E

Focus Group Questions for OT Students - Summer 2008

1. Tell me about your orientation?
   What was beneficial? What was not helpful? What was missing?

2. Tell me about your experience at ESY, what did you do when you were there? Were all
   of your experiences the same, or unique?

3. What do you feel could have been more beneficial in regards to the assignment?

4. What type of assignment do you think would be a good fit for this FW experience
   (individual case study, individual/group occupation, sensory diet planning,)?

5. What MOPs did you feel were most important for this FW? (direct 1:1 intervention
   planning, collaborative planning with SLP, SI, consultative, NDT, client centered) This
   could be any MOP – not just what you actually used.

6. What further classroom preparation do you feel would have been beneficial?

7. What can you tell me about your time spent working alongside the SLP students?
   What was beneficial? What was not helpful? What was missing?

8. How do you think the relationship could be improved? What ideas do you have that could
   be beneficial?

9. Do you think that an interdisciplinary day with SLP (similar to what we do on this
   campus with PT and PA) would be beneficial? What would you include in this day?

10. Do you think that a lecture on what speech therapy is all about would be beneficial?

11. Do you think that the SLP students would benefit from a lecture on what OT is all about?
    What do you think would be important pieces to include?

12. What further support do you feel the OT and/or COTAs could provide in order to make
    the experience beneficial?
13. How much more time would you have liked to have spent there? If you had been given an option to participate over and above what is required for class, would you have volunteered more time?
Appendix F

Focus Group Questions for OT Students - Summer 2007

2/25/09
Hello to all of my fabulous classmates -

I am working further into my needs assessment for the ASNO program and need to pick your brains. I am setting up an email focus group with all of you since it is impossible to get us all together. It would be great if when you reply to the questions, that you would hit "reply all" so that everyone could get in on the action. I know we are all busy - I appreciate your time, but I hope that if you have some input, that you would take the time to tell me your thoughts - good or bad. I really appreciate your feedback. So, here is my first set of questions:

1. Have any of you had to use the consultative MOP during your fieldworks?

2. If so, did you feel prepared to use this MOP?

3. Do you think that an interdisciplinary day with the SLP students would be beneficial in preparing you and them for the ESY program?

4. If so, what concepts would you want to include in this day?

3/17/09
Hi everyone - I have another question for you all regarding my capstone.

How did you feel about the scheduling for that summer semester in terms of summer series and other assignments? Do you feel there is room in the schedule to add weekly fieldwork hours during the 6 weeks that ASNO is in session? I am thinking about 2 hours per week for 6 weeks (12 hours). The students could choose which day each week would be best for him/her. This would replace the 3 week span (12 hours) that we had. There would still need to be time outside of the fieldwork to plan and research such things as sensory diet, programming ideas, resources, etc.

Also, if you had been given an option to attend more sessions - would you have?

Upon talking to the 2nd year group I got different feelings depending upon how summer series fell. If you could tell me your thoughts and let me know which summer series group you were part of - that would be very helpful.

PS - thank you to all who replied to my first question. Please feel free to embed your answers within any of the replies. See you all soon!! :>
Appendix G

SLP Student Clinician’s Written Survey

My name is Kelly Gelske and I am a 3rd year occupational therapy (OT) student on the HSC campus. I was involved with the ASNO Summer Extended School Year Program for the past 2 summers and felt it was a very valuable program for all who were involved.

I am completing my final capstone semester working to improve how the OT students integrate with the program. I see great potential for the OT students to provide benefits within the program while also increasing their education regarding working with children with autism in an interdisciplinary setting. I am looking for your feedback regarding any ideas you may have in regards to how the OT students interact with the program. If you would please take a few minutes to answer the following questions, I would be very grateful.

You can either email your responses back to me embedded within this document, or if you prefer to remain anonymous, you can print the document and leave it in an envelope with Nicole in the Speech Language and Hearing Clinic with my name on it. Your input is very meaningful to my plan. If you would prefer to speak to me by phone, my number is 419 467-2445. Thank you for your time.

Please return the surveys to either me or Nicole by Friday, March 20, 2009.

Questions for SLP student clinicians

1. Do you feel that OT provided you with enough information at the orientation regarding the services that we provide?

   YES   NO

2. What information do you feel OT provided that was most valuable?

3. What information do you feel OT needed to provide that was not?

4. Would you say that you felt prepared to interact with the OT students?
5. Do you feel that the OTD students provided a valuable service to the summer program?
   YES  NO

6. What aspects of the OTD student involvement do you feel were most valuable?

7. What do you feel was missing or least valuable?

8. In an attempt to better educate each discipline, do you think that an interdisciplinary day prior to the program would be beneficial?
   YES  NO

9. What do you think would be valuable to include in an interdisciplinary day in order to better educate OT on the values of SLP and for OT to provide to you?

10. What other improvements do you think would be valuable in terms of how the OTD students impact the summer program?

11. Would you support the inclusion of a consultative service provision between your discipline and the OT students during the summer program?
   YES  NO
Appendix H

Annotated Bibliography


(No abstract provided)

The Standards established by the Accreditation Council of Occupational Therapy Education have high relevance to this Capstone project. The ACOTE Standards and Interpretive Guidelines state, “the goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of the clients” (2008). Further, Standard B.10.11. states that the academic program will, “ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (2008).

It is critical that anyone proposing a fieldwork experience or modifying a current fieldwork experience thoroughly study the Standards required for accreditation. These Standards should set the path for the expectations and requirements outlined within the fieldwork situation. The incorporation of the ASNO ESY Level I fieldwork into the UT OTD program provides an opportunity to apply knowledge and theory to practice related to an array of 2008 ACOTE Standards for the doctoral-degree-level educational program.

*(No abstract provided)*

This article published online at the AOTA website is quite valuable in relation to my capstone project. The article explains the role that OT takes in school-based programs. It states, “occupational therapy practitioners provide services that enable people to organize, manage, and perform their daily life occupations and activities. Occupational therapy services support a child’s participation in activities of daily living, education, work, play, leisure, and social interactions.” A summary of federal laws that are influential to occupational therapy services within school-based practice is provided in a table. This includes the Individuals with Disabilities Education Act – Part B (IDEA), No Child Left Behind Act of 2001 (NCLB), and The Assistive Technology Act of 1998 (Tech Act). A list of the ten disability categories for eligibility for IDEA services is provided. Further, detailed explanation of occupational therapy as a related service is described.


This writing contains an introduction to sensory integration and sensory integration dysfunction. A description of various symptoms commonly seen with sensory integration dysfunction is provided in Section I. Section II contains information related to the central nervous system and how it works. Topics included are “what the brain does, the reticular formation, the vestibular system, the proprioceptive system, the tactile system, dyspraxia, visual perception disorder, and central processing disorder”. For each of these topics a description of
how it works, signs of that particular system or disorder, and what happens in therapy is
described. Section III describes the role of the occupational therapist for the child with sensory
integrative dysfunction including the need for therapy, how to set goals, common questions
asked by parents, and some general guidelines for parents and teachers. The author provides a
list of references and suggested reading in Section IV.

This resource is valuable to the Capstone experience in several ways. The information
therein can be used to prepare materials for an interdisciplin ary day with the speech language
pathology graduate students. Further, the information provides a basic beginning of
understanding how sensory integration theory is valuable for children with sensory processing
disorder and/or autism.

challenges*. Los Angeles: Western Psychological Corp.

This text provides a great overview of the theory and principles behind the sensory
integration model of practice. The first part explains sensory integration (SI) and the brain.
Chapters include a detailed definition of SI, how SI develops from infancy to middle childhood,
and the nervous system and how the brain impacts SI. Part 2 discusses sensory integration
dysfunction, including what causes SI dysfunction and the symptoms. Further, Dr. Ayers
describes disorders that involve the vestibular system and how this system influences the
development of skill. Developmental dyspraxia is described and how motor learning is difficult
for some children. The next chapter discusses tactile defensiveness with description of how some
children are more sensitive to touch and how the nervous system interprets touch. Visual
perception and auditory-language disorders are described and how this relates to learning.
Further information is provided on the special sensory integration needs of children with autism.
Within Part 2 tips for parents are provided. Finally, part 3 discusses what can be done.

Information related to occupational therapy evaluation and intervention is described and the final chapter describes what parents can do to help their child.

Dr. Ayers states, “therapy using a sensory integration approach is a natural process. Natural interactions within typical environments provide the sensory experiences and opportunities to make adaptive responses that are sufficient to develop the brain in most young children” (p. 140). Piaget believed that we create our own learning experiences by how we respond to our environment. Intelligence is a result of our interactions with the environment. The child with autism has difficulty in responding adaptively to his environment. He needs assistance in setting up the environment in order for his nervous system to integrate the sensations and organize the brain. This is a circular event. Physical activity produces sensations that lead to adaptive responses which provide further sensations leading to more complex adaptive responses.

The occupational therapist’s objective is to help the child function better physically, emotionally, and academically. Often this can be achieved through motor activity that provides sensory input for learning. Therapy is most effective when it is child directed. The child who wants to actively participate in an experience will be more capable of organizing the sensations that are needed to create the adaptive response and therefore, learning is more apt to occur. This text can serve as a great resource for individuals who are just learning of sensory integration and should be included within the recommended reading section of FW III and MOPS IV syllabi to prepare for the ASNO ESY fieldwork.

Abstract: Idiosyncratic responses to sensory stimuli and unusual motor patterns have been reported clinically in young children with autism. The etiology of these behavioral features is the subject of much speculation. Myriad sensory- and motor-based interventions have evolved for use with children with autism to address such issues; however, much controversy exists about the efficacy of such therapies. This review paper summarizes the sensory and motor difficulties often manifested in autism, and evaluates the scientific basis of various sensory and motor interventions used with this population. Implications for education and further research are described.

This article provides a review of studies of various intervention methods typically used with children with autism. The authors systematically describe sensory integration, and similar sensory approaches. Other techniques include sensory stimulation techniques, auditory integration training, visual therapies, sensorimotor handling techniques, and physical exercise. The author further provides recommendations for education in relation to the presented studies. The article is quite relevant to this Capstone in providing evidence of sensory integration and other techniques typically utilized within the educational system. Additionally, the author provides a full listing of those publications included within the review.


Abstract: Occupational therapy practitioners are among the professionals who provide services to children and adults with autism spectrum disorder (ASD), embracing both leadership and supportive roles in service delivery. The study’s primary aims were as follows: (1) to identify, evaluate, and synthesize the research literature on interventions for ASD of relevance to occupational therapy and (2) to interpret and apply the research literature to occupational therapy. A total of 49 articles met the authors’ criteria and were included in the review. Six categories of research topics were identified, the first 3 of which are most closely related to occupational therapy: (1) sensory integration and sensory-based interventions; (2) relationship-based, interactive interventions; (3) developmental skill-based programs; (4) social cognitive skill training; (5) parent-directed or parent-mediated approaches; and (6) intensive behavioral intervention. Under each category, themes supported by research evidence and applicable to occupational therapy were defined. The findings have implications for intervention methods,
communication regarding efficacious practices to professionals and consumers, and future occupational therapy research.

This study was valuable to my Capstone project in providing evidence of the efficacy of SI and other relevant approaches. The authors provide a systematic review of the literature surrounding occupational therapy interventions for children diagnosed with an autism spectrum disorder (ASD). For purposes of the study, the authors defined ASD to include autism, Asperger’s disorder, and pervasive developmental disorders. They posed the following research question: “what is the evidence for the effect of interventions used in or of relevance to occupational therapy in children and adolescents with autism spectrum disorder?” The authors searched many of the common databases including Medline, CINAHL, PsychINFO, and EBSCOHost to name a few. Their findings are of interest to the objectives listed within this Capstone proposal in that it provides details to many evidence-based studies. Further, it provides an abundant list of references to locate for greater detail.


Abstract:
Objective. Using single-subject research design, the effects of an occupational therapy intervention emphasizing sensory integration with five preschool children with autism were examined.
Method. In the AB design, nonengagement, mastery play, and interaction were measured, using videotape clips of each child’s free play in the preschool. Following a 3-week baseline, an occupational therapist provided one-on-one sessions and consultation to teachers for 10 weeks. Results. When baseline and intervention phases were compared, four children demonstrated decreased frequency of nonengaged behavior, and three demonstrated increased frequency of mastery (goal-directed) play. Improvements in frequency of interaction were minimal.
Conclusion. The results support descriptions in the literature regarding the behavioral changes
that children with autism can make when participating in intervention using a sensory integration
approach.

This article is relevant to this Capstone project in supporting the theory of sensory
integration with children of preschool age. The authors provide evidence that sensory integration
techniques are effective with this population in increasing a child’s ability to play and remain
engaged. While no significant increase in adult and peer interaction was obtained, the authors did
show increases within these measurements. Perhaps if the study had continued for a longer
duration of time, significance could have been achieved. The authors also provide valuable
references relevant to a systematic literature study.


Abstract: Most school systems are not blessed with unlimited funds, yet court rulings require
them to provide certain handicapped children with educational programs beyond the usual 180-
day year. Although these programs must meet the unique educational needs of qualifying
students, they are not required to be the best that money can buy, nor must they be designed to
maximize each student’s potential. This article explores the development of judicial
interpretations affecting extended year programming and analyzes, according to four policy
choice criteria, five policy options available to school systems. The article concludes with a
recommendation for policy selection based on a set of presuppositions applicable to many school
systems.

This article is relevant to my capstone mentored studies in that it addresses judicial and
financial issues surrounding extended school year programming through the public school
system. The author provides a background of court cases and legislation related to the provision
of ESY for disabled and typical students. Included is the Education for All Handicapped
Children Act of 1975 (P.L. 94-142) and Section 504 of the Rehabilitation Act of 1973. The
historical court case of Armstrong v. Kline (1979) is discussed. This case is critical in that, “five handicapped children and their parents brought class action suits against the Pennsylvania State Secretary of Education, local school systems, and others for allegedly violating the children’s right to a free education of more than 180 days.” The finding was that some children regress educationally during the summer months, that recoup of that information prevents these individuals from “attaining the level of independence and self-sufficiency they would otherwise achieve.” Hence, a portion of the standard in which extended school year inclusion criteria is based. The author further contends that the “mission of school systems is to educate students. The greater the student educational gains, the more effective a system generally is considered to be.” He states that educational efficacy is a valid criterion for evaluation of extended school year policy.


The Sensory Profile enables clinicians to measure a child’s sensory processing abilities and determine the effect of sensory processing on functional performance. It was intended to be used in conjunction with other evaluative materials such as observations and diagnostic reports. The 125-item Caregiver Questionnaire is to be completed by an individual who has daily contact with the child. He or she reports the frequency (always, frequently, occasionally, seldom, or never) with which the child exhibits a behavior. There are three main areas that are measured: sensory processing, sensory modulation, and behavioral and emotional responses. Results from the assessment can be used to guide intervention strategies for occupational success.

This assessment is utilized in the ESY to provide the occupational therapists with information related to each child’s sensory processing abilities and limitations. Results assist in
the development of sensory diet plans specific for the needs of the child. One of two assessment formats is distributed to parents depending upon the child’s age. The Caregiver Questionnaire is standardized for children age 3-10 years. For children age 11 and over, the Adolescent/Adult Self-Questionnaire is distributed to parents to complete.


Abstract: The experience of being human is imbedded in sensory events of everyday life. This lecture reviews sensory processing literature, including neuroscience and social science perspectives. Introduced is Dunn’s Model of Sensory Processing, and the evidence supporting this model is summarized. Specifically, using Sensory Profile questionnaires (i.e., item describing responses to sensory events in daily life; persons mark the frequency of each behavior), persons birth to 90 years of age demonstrate four sensory processing patterns: sensory seeking, sensory avoiding, sensory sensitivity, and low registration. These patterns are based on a person’s neurological thresholds and self-regulation strategies. Psychophysiology studies verify these sensory processing patterns; persons with strong preferences in each pattern also have unique patterns of habituation and responsivity in skin conductance. Studies also indicate that persons with disabilities respond differently than peers on these questionnaires, suggesting underlying poor sensory processing in certain disorders, including autism, attention deficit hyperactivity disorder, developmental delays, and schizophrenia.

The author proposes relationships between sensory processing and temperament and personality traits. The four categories of temperament share some consistency with the four sensory processing patterns described in Dunn’s model. As with temperament, each person has some level of responsiveness within each sensory processing preference (i.e., a certain amount of seeking, avoiding, etc., not one or the other). The author suggests that one’s sensory processing preferences simultaneously reflect his or her nervous system needs and form the basis for the manifestation of temperament and personality. The final section of this lecture outlines parameters for developing best practice that supports interventions based on this knowledge.

This article provides a good foundation for understanding the sensory processing model. Dunn provides support for her model and pertinent resources are listed. This model is very relevant to the ESY in that the therapists use the Sensory Profile for initial assessment data for each child. The results of the Profile enable the therapists to begin to prepare sensory diet plans
for the children. Through understanding a child’s tendency for sensory seeking or avoiding, the staff and students of the ESY can better assist students in achieving goals and objectives. Furthermore, strategies for home can be prepared for parents in order to promote carry-over. The article provides evidence-based practice for use of the sensory processing model of practice.


Abstract: There is an accumulating literature base describing sensory processing in young children and suggesting the importance of this knowledge for understanding the characteristics of vulnerable children. Professionals and families need a working knowledge about sensory processing because it enables them to understand and interpret children’s behaviors and to tailor everyday life routines so that children may have successful and satisfying experiences. This article reviews Dunn’s model of sensory processing and summarizes both typical and special population evidences that demonstrate support for the model. The article also describes how the concepts in this model are reflected in everyday behaviors so that readers can link the concepts to their own knowledge about young children. Since processing concepts are based on evidence across the lifespan, this knowledge can also enable caregivers to understand their own responses as well. The article then discusses the application of sensory processing knowledge within natural contexts and routines, arguing that using sensory processing knowledge to analyze, adapt, and support the established routines is an effective application of knowledge. Finally, the article provides specific suggestions for adapting everyday life situations to meet the needs of children with different patterns of sensory processing and illustrates how adults can manage their own sensory processing needs as they care for young children.

This article relates to this capstone plan by providing evidence of the sensory processing model of practice. This model is important to consider when working with school-aged children who have been diagnosed on the autism spectrum. Dunn provides a literature review related to the model, although, she is an author of many of the sources that she lists. She states an overarching finding to these listed studies, “patterns of sensory processing occur in each age group from infancy to older adulthood, and that people with disabilities including autism, attention-deficit/hyperactivity disorder (ADHD), schizophrenia, Asperger syndrome, and developmental
and learning disabilities have both distinctive and more intense patterns of sensory processing than do their peers without disabilities.”

Dunn provides explanation of the four quadrants of the model: low registration, sensation seeking, sensory sensitivity, and sensation seeking. Her explanation provides an overview of each of the areas and examples of typical behavior patterns associated with them. Dunn also discusses evidence that suggests that interventions within the sensory processing model are most successful when completed in the natural environment, especially to promote generalization of skills.

Dunn believes that occupational therapists are most likely to provide services when sensory processing disorders are present. Occupational therapists are trained to recommend and provide sensory processing strategies to enable a child to be successful within his or her environment. A strength of this article is the case study presentations. Dunn discusses four vignettes, one from each of the four quadrants. Dunn also provides tables with intervention ideas. Overall, this article provides a supporting view of the sensory processing model of practice.


Abstract: Students with disabilities may require extended school year services (ESYS) to receive a free appropriate public education (FAPE). Although the Individuals with Disabilities Education Act (IDEA) regulations required ESYS if necessary to provide FAPE, the Department of Education has “declined to establish standards” for ESYS eligibility. With absent federal guidelines concerning eligibility, IEP teams rely upon state standards and judicial interpretations in determining a student’s need for ESYS. This article extended a review of ESYS eligibility factors conducted by Rapport and Thomas (1993). Fifty-seven ESYS cases were reviewed for factors used in decisions concerning ESYS eligibility and program appropriateness. Several implications for school IEP teams are also presented.
This article is relevant to this Capstone in that it explains the eligibility criteria for students attending ESY. The author provides descriptions of relevant court cases that provide support for the inclusion of ESY services for children with disabilities. Information related to legal and financial support for ESY is discussed. Further, the appropriateness of providing ESY within the least restrictive environment is examined. Concern is indicated over the fact that no federal regulations exist for student inclusion into ESY. Standards are established on a state by state basis and eligibility is determined through the IEP team. The components that are used to determine eligibility are discussed. The author further states that detail must be included within the IEP regarding specific goals to be addressed through the ESY. This should include the types of service, the service provider, the location of the services, and the duration of ESY services. Also, least restrictive environment (LRE) considerations should to be addressed. Finally, how goals will be measured and progress noted to parents should be included.


Abstract: Autism experts and individuals with high-functioning autism contend that many individuals with autism spectrum disorders (ASDs) respond most favorably to information that is presented visually. Accordingly, strategies capitalizing on this visual preference have received significant recent attention in both ASD research and practitioner-related literature. This article provides a review of visually based strategies for organizing classrooms for children and youth with ASD. Classroom structuring methods, visual schedules, and visually based organizational strategies are described and discussed. For each of the above, a justification, a brief review of the research literature, implementation guidelines, recommendations for effective use, and suggested resources for practitioners are provided. Tables and figures that provide examples of methods are also provided.

This article can serve as a resource for occupational therapists who need support for using visual-based intervention strategies for students with an ASD. The author provides a literature
review and recommendations for this approach. The article would be relevant to add to the recommended reading list for those OTD students who will be attending the ASNO ESY fieldwork experience.


Back Cover Description: Support services – and when, where, and how they are provided – are critical to the educational success of students with disabilities. To ensure that each student reaches his or her potential in the least restrictive environment, IEP teams must develop a solid foundation for making support services decisions – a foundation built upon communication and shared goals.

Vermont Interdependent Services Team Approach (VISTA): A Guide to Coordinating Educational Support Services provides a practical, step-by-step framework that enables teams to make support services decisions using a collaborative approach. By progressing through the 10 straightforward guidelines of the VISTA process, IEP team members will learn to:

- Establish the components of an educational plan
- Determine the educational necessity of support services
- Understand the interactions among program, placement, and services
- Fulfill the related services provisions of IDEA
- Use natural supports appropriately
- Foster the acquisition of functional skills

Real life examples show how the flexible process can support students with a range of characteristics, and reproducible forms ease the implementation of VISTA. Practical, methodical, and detailed, VISTA enables educators, administrators, support services providers, family members, and other team members to work together more efficiently to expand students’ educational opportunities.

The author of this text describes his approach as a shared framework. This consists of the share beliefs, values, and assumptions about education, children, families, and professionals in an agreeable manner. Many of the values that this author contends are relevant to consider for the ASNO ESY program. He believes that learning is reciprocal and should include general supports to allow access and participation within the learning environment. He continues that children can all learn and are entitled to needed supports to receive an education. He believes
that families have important knowledge, insights, and skills to contribute to their child’s
education and are important members of their child’s educational team. Finally, he writes that
professionals should continually strive to extend their collaborative abilities; should interact with
other professionals appropriately; should seek to understand other team members as a person, not
just as a professional; should collaboratively clarify individual roles and responsibilities in order
to work together toward common goals; and must share the responsibility of educating the
students in their schools.

Pediatric Evaluation of Disability Inventory (PEDI) Version 1.0: Development,

The manual for the PEDI provides basic administrative and scoring information for the
assessment. It contains information related to conceptual framework, applications, administrative
guidelines, scoring instructions, and technical support for the instrument. This assessment is used
within the ESY to gain valuable information related to the children’s abilities within three
domains: self care, mobility, and social function. Although the assessment is only standardized
for children ages 6 months to 7.5 years, the results obtained still provide important information
on those children who are older; therefore, the questionnaire is distributed to the parents of all
registered children. The instrument assesses both capabilities and performance in order to
measure the degree of functional skill limitations and childhood disability. This enables the
clinician to determine the assistance level required during functional occupations.

Hanft, B. E., & Place, P. A. (1996). The consulting therapist: A guide for OTs and PTs in
Chapter 1: Working & Consulting in the School System

Collaborative consultation is becoming increasingly important as professionals in all walks of life attempt to cope effectively in a rapidly changing, increasingly complex society.

Phillips and McCullough 1990

“Very few university students or practicing clinicians receive formal training in the art of consultation; direct, ‘hands-on’ service is still the primary model taught in basic professional training as well as continuing education for therapists in practice” (p. 1).

The authors of this text focus on the use of a collaborative consultative model for use within the schools. They state that school-based therapy is a much different experience than providing medical-model therapy, and providing consultation is much different than providing hands-on intervention. Table 1.1 provides a comparison of the medical model and the educational model (p. 4). One difference noted is who the consumer of services is. This individual is not typically ill, but rather a student who can learn. The goal is not to heal this individual, but rather to impart knowledge and to provide enhanced learning opportunities. The primary providers within the educational models are not the nurses and doctors, but rather educators and related service providers. These individuals, including the parents and the consumer are the decision makers. The intervention plan is led by the curriculum and the IEP team’s plan for the student. Furthermore, the educational model must follow mandates established by the Individuals with Disabilities Act (IDEA).

There are three myths that the authors reflect on (p. 8). First, use of consultation will allow the therapist to increase his or her caseload. The authors state that effective consultation will take just as much time as direct services. Second, when consulting, the therapist is training others to provide OT services. The authors state that this is a basic misunderstanding and that
when the model is used appropriately, the OT is providing recommendations that fit with the teacher’s role and function. Third, consultation substitutes for direct service. The authors state that consultation can serve to benefit the student as much if not more than direct service, or a student could benefit best from a combination of service models. However, the authors believe that when direct services are provided within the school, that it should always be accompanied by consultative services with educational personnel. This allows for continuity of methodology and performance.

Effective consultation should have three elements: dynamic interaction over time, respectful relationships, and collaborative efforts to reach common ground (p. 11). The first element relates to the on-going, dynamic process. The second element allots for each team members expertise. Lastly, when each team member is aware of the common end-goal, intervention efforts will be more effective and meaningful.

The following benefits are listed for support of the consultative model (p. 12):

- Makes effective use of available personnel;
- Supports inclusion and the IDEA mandate for providing services in the least restrictive environment;
- Builds skills of other professionals;
- Enhances resources for problem solving.

Chapter 2: Educationally Relevant Consultation

Therapists must ensure that the services they are providing are being done so in order to enhance a student’s functional performance within the school system. This includes any area (academic and non-academic) as defined by the school and IEP team.
In order to meet the relevant needs of the student within the educational system, the occupational therapist must identify how therapeutic domains will contribute to improved performance within the school. The therapist needs to assess the student’s current performance in all areas of the student’s school day and determine how the intended intervention will improve student performance. Further, these concepts must be properly communicated to relevant team members (p. 17).

The final concept discussed within this chapter is the therapeutic domains that school-based occupational therapists typically focus on. These areas are:

- Sensory awareness;
- Neuromuscular function;
- Motor (gross, fine, and oral-motor) skills;
- Perceptual skills;
- Adaptive behavior.

Chapter 3: Analyzing Student Performance in the School Environment

The authors of this text consider analyzing student behavior as the first step to incorporating a consultative model of practice. The occupational therapist must observe the student within the learning environment and determine which areas of performance affect the student. The authors provide a sample observation form that occupational therapists can use for this task.

Chapter 4: Identifying Human Resources

“Consulting therapists work more effectively with school specialists and family members when they understand the backgrounds, expertise, and experiences of each team
member...Understanding team members’ perspectives is the cornerstone for the joint development of an effective plan to meet a student’s special needs (p. 49).”

The authors point out in this chapter various key people with whom the consulting therapist will be communicating with and what type of knowledge base these individuals have. It is important to consider each team member’s point of view and respect his or her expectations and cultural backgrounds. Questions specific to several possible team members are provided as examples that the consulting therapist can consider when encountering these individuals. Furthermore, the authors provide a self-questionnaire to evaluate self development in the area of consultation within the appendix.

Chapter 5: Assessing the School Environment

This chapter provides recommendations to consider when looking at the student’s learning environment. Four general principles are presented.

1. Observe the actual environment
2. Observe the environment with the student interacting within it
3. Observe with a value neutral stance
4. Observations need to be systematic and structured.

The authors also provide a school observation form that occupational therapists can utilize.

Chapter 6: The Therapist’s Role in the Consulting Process

This chapter provides an overview of what the therapist’s role is within the consulting process. The authors provide a framework for the therapist and consider three elements within the process.

- Intervention strategies
- Consulting methods
• Interaction styles

The therapist must consider what is best for the student. A flow chart of six questions is considered:

1. What does the student need to learn?
2. Which strategies will facilitate the student’s learning?
3. Whose expertise is needed to assist the student with achieving outcomes?
4. How should therapeutic intervention be provided?
5. Which methods will I use to translate my knowledge to others?
6. Which interaction styles will be most effective with team members?

When considering the best methods of approach within a consultative model, the authors suggest the following:

• Modeling
• Direct instruction
• Encouragement
• Providing resources

Further, the following interaction styles are suggested:

• Telling
• Selling
• Teaching/Advising
• Encouraging/Supporting

The authors provide several practice activities throughout the chapter that may be of benefit when teaching this model of practice to students.

Chapter 7: The Stages of Consultation
The first stage is entry. It is critical to remember that you are there to support and reinforce the team. Do not try to take over their authority.

The second stage is issue definition. One of the first priorities is to define the actual problem and be sure all team members agree on this definition. This must be completed prior to identifying any possible solutions. Furthermore, the authors suggest allowing all team members to have equal representation in providing possible solutions.

Stage three involves implementation. The authors recommend creating ideas that are easy and convenient, cause minimal disruption within the classroom, and are congruent to the existing curricula. Further, the consulting therapist must provide an easy rational for the changes and provide on-going communication to support the changes.

The final stage is the conclusion of consultation. The authors recommend that estimating when to end services is important. Further, the therapist should always conclude services on a positive note. The authors provide a self-evaluation form in the appendix, but the therapist should also include feedback from the teachers and others involved in the consultation process.

Chapter 8: Support for and Challenges to Successful Consultation

This chapter provides an overview of techniques the occupational therapist can consider when implementing the consultative model. There is discussion on how to gain the respect of other team members and how to address expectations. The authors recommend five school-based studies that have looked at the effectiveness of occupational and physical therapy utilizing a consultative model. Furthermore, the authors map out how to construct a consultative model within a school system. They provide a school consultation plan to guide the therapist’s thinking and plan of action.

Chapter 9: Conflict Resolution
This chapter focuses on how to handle conflict that can occur during the consultative process. Therapists must learn how to be good negotiators with others within the interdisciplinary team. It is critical that mutual understanding occur between team members. The authors provide four stages for conflict resolution: the entrance, issue identification, implementing recommendations, and conclusion. Further, the following questions should be considered:

- How well do you think this process is working?
- What progress have you seen in the student as a result of the consulting interventions?
- What features of this program do you think are the most beneficial? Which are the least helpful or most demanding?
- What changes would you suggest?

It is the recommendation that this textbook be considered for the FW III course to assist in student preparation for the ASNO ESY fieldwork experience.


Abstract: This study examined the relationship between auditory, visual, touch, and oral sensory dysfunction in autism and their relationship to multisensory dysfunction and severity of autism. The Sensory Profile was completed on 104 persons with a diagnosis of autism, 3 to 56 years of age. Analysis showed a significant correlation between the different processing modalities using total scores. Analysis also showed a significant correlation between processing modalities for both high and low thresholds, with the exception that auditory high threshold processing did not correlate with oral low threshold or touch low threshold processing. Examination of the different age groups suggests that sensory disturbance correlates with severity of autism in children, but not in adolescents and adults. Evidence from this study suggests that: all the main modalities and multisensory processing appear to be affected; sensory processing dysfunction in autism is global in nature; and sensory processing problems need to be considered part of the disorder.

This study relates to this Capstone by providing further education on sensory processing disorders commonly noted in individuals diagnosed with autism. The study was part of a larger
study conducted by Kern et al., (2006, see reference below). The authors of the current study provide evidence that correlations do exist between many of the different sensory processes and autism. Also, correlation exists between sensory processing and the autism severity score obtained from the Childhood Autism Rating Scale (CARS) in children ages 3-12. The authors further found that this correlation diminishes with age. Thus they hypothesize that “there is an adaptive or maturation process that occurs in sensory processing over time.” The authors further hypothesize from their results that “sensory processing dysfunction in autism is global in nature.”


**Northern Territory Government, Department of Health and Community Services. (2006).**

*Learning through the senses resource manual: The impact of sensory processing in the classroom. San Antonio, TX: Harcourt.*

Introduction: The idea for the Resource Manual “Learning Through The Senses” grew from a need to provide classroom teachers with practical and effective classroom strategies and interventions to assist a child with learning difficulties and/or disruptive behaviors as a result of identified sensory processing difficulties.

The Resource Manual provides the vehicle to further develop a teacher’s understanding and knowledge of sensory processing and its impact on a child’s learning behavior in the classroom. It equips the teachers with skills to assist the child to gain the maximum from the learning environment.

This manual serves to assist therapists and teachers who work with individuals with sensory processing disorder and provides guidance when administering the Sensory Profile (Dunn, 1994). The authors explain the role of senses in learning and explain the differences
between over-sensitivity and under-sensitivity. Instruction for administering and scoring the Sensory Profile is provided in chapter 2. Chapters 3 through 8 provide detailed discussion of the senses: auditory, visual, vestibular, touch, multisensory, and oral. Within the chapters the authors provide classroom strategies for regulation of sensory processing and activities that can be incorporated into the classroom.

This manual can be a great value to the students who attend the ASNO ESY when studying individual sensory processing and determining sensory diet strategies for the children. It is recommended that this manual be included in the list of recommended reading for FW III and MOPS IV. Additionally, it could be included as a reference for the Interdisciplinary Workshop.

**Ohio Department of Education Office of Exceptional Children. (2008, July 1). Whose IDEA is this? A parent’s guide to the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Columbus, OH: Author.**

Introduction: If you are a parent of a child who has a disability that interferes with his or her education, or if your child is suspected of having such a disability, this handbook will serve as a valuable resource for your child’s education.

The 2008 edition of Whose IDEA Is This? boils down language of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) to main points that will help you be an effective partner in your child’s education. This guide has been prepared by the Ohio Department of Education’s Office for Exceptional Children (ODE/OEC).

The following pages tell you how you can work with your local school district and other public agencies to determine whether your child has a disability. It also outlines steps for going on to determine whether that disability qualifies your child for special education and related services.

Also referred to as your “procedural safeguards notice,” this publication established your right to a “free and appropriate public education” (FAPE) for a child with a qualifying disability under special education law. It tells you how special education services are provided and also lists resources you may contact for assistance.

Because the rights and procedures contained in this guide were first outline in federal law, you may see legal terms that are new to you. To make the information easier to understand and use,
we have simplified this legal language wherever possible. Whatever legal terms continue to be used are fully explained in the section of the guide titled “Definitions” and throughout the text whenever possible. Even so, you might want to spend a few minutes familiarizing yourself with these terms before you begin. You’ll find them in the “Definitions” section that begins on page 55.

This document is relevant to this Capstone practicum, mentored studies, and dissemination. The contents relate directly to those services that occupational therapy provides through the related services listed within the document. Occupational therapists who work within the educational system must be familiar with the Individuals with Disabilities Act of 2004 and also with the most current edition of *Whose IDEA is This?* in order to provide the most appropriate services to referred students. The document also provides a good overview of the rights that parents have within the special education system. The document specifies ESY eligibility and the ASNO ESY program follows this criteria. Students who attend the ESY must have an IEP that specifies the need for ESY in order to prevent significant loss of skills or knowledge that would either affect progress toward stated goals or cause loss that cannot be regained. Parents of children who receive services through an IEP must be provided a copy of this document yearly from the school district.


Abstract:
Objective. We sought to assess validity of sensory integration outcomes research in relation to fidelity (faithfulness of intervention to underlying therapeutic principles).
Method. We identified core sensory integration intervention elements through expert review and nominal group process. Elements were classified into structural (e.g. equipment used, therapist training) and therapeutic proven categories. We analyzed 34 sensory integration intervention studies for consistency of intervention descriptions with these elements.
Results. Most studies described structural elements related to therapeutic equipment and interveners’ profession. Of the 10 process elements, only 1 (presentation of sensory opportunities) was addressed in all studies. Most studies described fewer than half of the process elements. Intervention descriptions in 35% of the studies were inconsistent with one process element, therapist-child collaboration. Conclusion: Validity of sensory integration outcomes studies is threatened by weak fidelity in regard to therapeutic process. Inferences regarding sensory integration effectiveness cannot be drawn with confidence until fidelity is adequately addressed in outcomes research.

This article brings to light the lack validity evidence for sensory integration intervention techniques. As a therapist promoting the use of sensory integration and educating others on the theory and methodology, it is critical to be educated on available valid research outcomes. The authors provide a valuable tool for therapists looking to the research for such evidence. They state, “researchers should carefully consider the extent to which interventions demonstrate fidelity when identifying studies to include in reviews of sensory integration intervention outcomes and when making inferences regarding the effectiveness of this intervention.” The reader can also extrapolate that caution must be taken when analyzing literature for evidence. Secondarily, the authors provide quite an extensive listing of available research on sensory integration. They present 11 publications considered to be key sensory integration literature as determined by a group of experts (Ayers, 1972, 1979; Bundy, 2002; Bundy & Koomer, 2002; Kimball, 1999; etc.). The study identifies the need for further investigation into the use of the sensory integration approach. The authors further state that providing such evidence is difficult because of the nature of the model. This information is valuable to consider when implementing this model and when looking to the literature for knowledge. The authors provide a listing of those references which were included in the study and those they excluded along with the reasons why.

Abstract:
Objective. The study examined behavioral treatment effects of classical sensory integration therapy.
Method. This study used a prospective longitudinal, single-subject ABAB design. The participant was a boy, age 3 years and 5 months, with average nonverbal intellectual skills, delayed communication skills, and sensory modulation disorder. Difficulties with modulating sensory input and delayed communication skills affected his occupational performance in preschool. Behavioral data were collected in the preschool by teachers who were blind to the type and timing of sensory integration therapy.
Results. Improvement in behavior regulation was observed, including increased engagement and decreased aggression, less need for intense teacher direction, and decreased mouthing of objects.
Conclusion. Classical sensory integration therapy may be associated with improved self-regulatory behaviors.

Little research is available regarding the efficacy of sensory integration theory. The authors of this study sought to investigate behavior responses following periods of classic sensory integration intervention. Two research questions were posed: “first, do self-regulatory behaviors increase in association with sensory integration therapy?” If so, “are improvements seen in multiple domains?” The authors determined that overall there seems to be a significant decrease in aggressive acts, mouthing objects, and intensity of teacher input, and an increase in engagement. The authors state that the results of this study are similar to those of previous studies which support sensory integration therapy in reducing negative behaviors. An unexpected outcome was realized in that the measured behaviors did not increase during a short no-treatment phase, but rather remained constant. Two possible explanations are provided. First, the authors postulate that perhaps the initial treatment was sufficiently powerful enough to sustain the positive behavioral changes despite the no-treatment phase. Second, the authors realize the short length of time of the second no-treatment phase which may not have allowed sufficient time for the subject to return to the previous negative behaviors.
The study supports the use of the sensory integration approach to aid in reducing negative behaviors for the three year old boy who was diagnosed with sensory modulation disorder and displayed delayed speech and language. However, the authors note that this study provides only preliminary evidence, and that future research is needed to support these findings.


(No abstract provided)

The author of this article provides support for this Capstone project related to team collaboration. She reports that it is important for all members of the child’s intervention team to be knowledgeable regarding critical methodologies commonly used by professionals who work with children with autism. Therefore, it is necessary for these professionals to collaborate in order to provide consistency within interventions. She describes several programs and intervention methods that are commonly used by occupational therapists who work with children with autism, including the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) method (Schopler & Lord, 1994), the Picture Exchange Communication System (PECS) (Frost & Bondy, 1994), social stories (Gray, et al., 1993), applied behavioral analysis (ABA) (Cooper, Heron, & Heward, 1987), discrete trial training (Maurice, Green, & Luce, 1996), various sensorimotor techniques, and functional intervention. In regards to sensorimotor methods, the author comments, “sensory activities that require students to leave classrooms or do things outside of typical routines may create more difficulties than expected.”
Sarracino concludes her article with this comment, “All of the occupational therapists and occupational therapy assistants involved in a child’s care must ensure that their interventions are complementary and not competitive.” She furthers by stating that therapists should spend most if not all of their time conducting interventions within the child’s natural environment in order to provide relevance to the child’s performance.


Abstract: This article provides an introduction and overview of sensory integration theory as it is used in occupational therapy practice for children with developmental disabilities. This review of the theoretical tenets of the theory, its historical foundations, and early research provides the reader with a basis for exploring current uses and applications. The key principles of the sensory integrative approach, including concepts such as “the just right challenge” and “the adaptive response” as conceptualized by A. Jean Ayers, the theory’s founder, are presented to familiarize the reader with the approach. The state of research in this area is presented, including studies underway to further delineate the subtypes of sensory integrative dysfunction, the neurobiological mechanisms of poor sensory processing, advances in theory development, and the development of a fidelity measure for use in intervention studies. Finally, this article reviews the current state of the evidence to support this approach and suggests that consensual knowledge and empirical research are needed to further elucidate the theory and its utility for a variety of children with developmental disabilities. This is especially critical given the public pressure by parents of children with autism and other developmental disabilities to obtain services and who have anecdotally noted the utility of sensory integration therapy for helping their children function more independently. Key limiting factors to research include lack of funding, paucity of doctorate trained clinicians and researchers in occupational therapy, and the inherent heterogeneity of the population of children affected by sensory integrative dysfunction. A call to action for occupational therapy researchers, funding agencies, and other professions is made to support ongoing efforts and to develop initiatives that will lead to better diagnoses and effective intervention for sensory integrative dysfunction, which will improve the lives of children and their families.

This article provides an explanation of and support for the implementation of the theory of sensory integration by A. J. Ayers. The literature based that supports of the use of this theory
with children with developmental disabilities is explored. The authors discuss four key principles of the sensory integrative approach. First, the just right challenge is the concept that occupational therapists create a playful occupation that incorporates a challenge for a child, but allows him or her to be successful. Secondly, the adaptive response is the concept of the child adapting new behavior in order to respond to his or her environment appropriately. Thirdly, active engagement is when the therapist creates the challenge, entices the child to participate actively in the challenge utilizing new and advanced abilities in order to increase his or her skills and processing. Lastly, the session is child directed. The occupational therapist follows the cues and behaviors of the child in order to create an environment that is full of sensory-rich ideas. Further, it is critical that the occupational therapist collaborates with the caregivers in the child’s life, including parent and teacher, in order to promote functioning within the child’s daily life occupations.

The authors provide an update to Ayers’ original theory as conceptualized through the literature. A recent suggestion is the grouping of sensory integration into three classic patterns with distinctive subtypes: sensory discrimination disorders, sensory modulation disorders, and sensory based motor disorders. Miller believes that “delineating these subtypes is crucial so that homogenous groups may be identified to guide intervention and research related to describing the phenotypes of sensory processing disorder and evaluating the effectiveness of intervention with this population.”

Recent contributions to the research of sensory integration are being advanced through the efforts of the Sensory Processing Disorders Scientific Workgroup. This organization is based on psychobiology research. Their efforts intend to increase the knowledge of sensory integration practice for children with poor sensory processing. The authors discuss further efforts that are
being pursued to close the gap between practice and research. They state that consensus within
the community will be limited until research is furthered. One such effort is of interest to follow-
up. A multi-site research group is attempting to define intervention strategies of sensory
integration. The effort is being funded through an NIH R21 planning grant. The authors state,

This group completed a thorough review of existing treatment resources and developed a
treatment protocol and a “Fidelity to Treatment Measure” to evaluate whether the therapy
that is administered is true to the principles established in the literature for the treatment. The
Fidelity Scale evaluates constructs related to the intervention provided, details the training of
the persons administering the intervention, and specifies the environment in which the
treatment is conducted.

This group is also working to apply goal attainment scaling (GAS) as a primary outcome
measure in order to increase the integrity, strength, and replicability of future studies.

intervention on self-stimulating and self-injurious behaviors. *American Journal of
Occupational Therapy, 59*, 418-425.

Abstract: This study compared the effects of occupational therapy, using a sensory integration
(SI) approach and a control intervention of tabletop activities, on the frequency of self-
stimulating behaviors in eleven children 8-19 years of age with pervasive developmental delay
and mental retardation. Daily 15-min videotape segments of the subjects were recorded before,
immediately after, and 1 hour after either SI or control interventions performed during
alternating weeks for 4 weeks. Each 15-min video segment was evaluated by investigators to
determine the frequency of self-stimulating behaviors. The results indicate that self-stimulating
behaviors were significantly reduced by 11% one hour after SI intervention in comparison with
the tabletop activity intervention (p=0.02). There was no change immediately following SI or
tabletop interventions. Daily rating of self-stimulating behavior frequency by classroom teachers
using a 5-point scale correlated significantly with the frequency counts taken by the investigators
(r=0.32, p<0.001). These results suggest that the sensory integration approach is effective in
reducing self-stimulating behaviors, which interfere with the ability to participate in more
functional activities.
The study provides support for the use of the sensory integrative approach with individuals with pervasive developmental disorder (PDD). The authors hypothesized that SI intervention would reduce the frequency of engagement in self-stimulating and self-injurious behaviors compared to a control intervention in children and adolescents with severe pervasive developmental delay and mental retardation. The authors state that self-stimulating behaviors decreased by an average of 11 (+/- 5%) one hour after SI intervention during the intervention weeks. This is compared to an increase of 2 (+/-4%) 1 hour after tabletop (control) intervention. Furthermore, self-stimulating behaviors declined over the four week study period. While the population being served through the ASNO ESY may be slightly higher functioning, this study provides support that these intervention techniques can be of benefit to individuals diagnosed with PDD.


Abstract

Objective. The purpose of this study was to examine the current practice patterns of occupational therapists experienced in working with children with autism spectrum disorders.


Results. Of those contacted, 72 occupational therapists met the study criteria and returned completed questionnaires. Practice patterns included frequent collaboration with other professionals during assessment and intervention. Intervention services were typically provided in a one-to-one format with the most common techniques being sensory integration (99%) and positive reinforcement (93%). Theoretical approaches included sensory integration (99%), developmental (88%), and behavioral (73%). Evaluations relied heavily on nonstandardized tools
and clinical observations. Educational methods identified as most helpful were weekend workshops (56%) and on-the-job training (52%).

Conclusion. This study clarified the nature of current occupational therapy practice patterns for 2-year-old to 12-year-old children with autism. Additional studies are needed to examine the efficacy of current evaluation and intervention methods, as well as to explore the relevance of available standardized assessment for this population.

This article is quite relevant to this Capstone Practicum and Mentored Studies. The authors detail the current practice (published 1999) of occupational therapists who work with children (age 2-12) with a diagnosis of autism. The results that these authors discuss are important to consider. Previous literature on the topic of autism is described such as play and adaptive abilities, vestibular function, postrotary nystagmus, empathetic ability, theoretical works, literature reviews, and most relevant to this dissemination sensory integrative techniques.

The authors posed the following research questions:

1. How do occupational therapists experienced in serving children with autism describe their current practice?

2. What assessments and intervention techniques are used by occupational therapists who are experienced in serving children with autism?

3. What education and training do occupational therapists who are experienced in serving children with autism consider most important to their practice?

One very relevant finding the authors present is the use of the consultative model of practice. They state that 15% of the responding therapists reported use of this model of practice. This is important to consider when preparing college students to practice within the pediatric population.

A second relevant finding presented is the frequency of collaboration with other professionals. Respondents reported that they frequently collaborate with speech pathologists and schoolteachers for both evaluation and intervention.
The authors also reported collaboration with psychologists. These finding are very important to consider when preparing students for practice with this population.

Another conclusion determined that 27 of the surveyed respondents (n = 71) suggested that an emphasis is placed on the use of sensory processing techniques during intervention of children with autism to affect the child’s state of arousal. Therefore, it would seem important to place priority on a sensory processing model of practice when educating occupational therapy students.

Skill areas that were described by respondents for evaluation included praxis, self-regulation, language and communication, oral motor/feeding, and interaction style. Skill areas described for intervention included self-regulation, language and communication, oral motor, and interaction style. These areas of practice should be considered when preparing occupational therapy students for practice with children with autism.

The authors also obtained the frequency of use of 13 assessments when conducting evaluation. These finding are listed on Table 4 of the published article. The following intervention techniques were reported: proprioceptive input (100%), vestibular input (99%), tactile media (100%), and positive reinforcement (93%).

Finally, the authors gathered data related to the types of education that respondents felt were important to their practice. Respondents reported that courses in sensory integration treatment (63%), general intervention techniques (61%), sensory integration theory (57%), behavior management (24%), and augmentative communication (10%) were important. The

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Pathologists</td>
<td>98%</td>
</tr>
<tr>
<td>Schoolteachers</td>
<td>84%</td>
</tr>
</tbody>
</table>
preferred method of obtaining knowledge was hands-on mentoring, case study presentations, multidisciplinary workshops, and courses on sensory integration.

Within the discussion of this article, the authors again consider the use of the collaborative model and consultative model of practice for occupational therapists and other members of the team, such as speech language pathologists and schoolteachers. The authors state, “these finding have important implications for the preparation of occupational therapists at entry levels and post-professional levels. Development of skills in teaming and interpersonal communication need to be integrated into occupational therapy curricula, continuing education, and other professional development opportunities in order to prepare clinicians for interdisciplinary collaboration.” This statement supports the purpose of this particular program modification plan.

Furthermore, the authors report, “as a whole, responses denoted a strong emphasis on issues pertaining to sensory processing.” This also supports previous literature findings (see article for citation, p. 503, para. 7). When including this piece of information with the findings related to the preferred method of obtaining knowledge, the ASNO ESY fieldwork opportunity should be considered a good fit with the occupational therapy doctorate program.


Abstract
Objectives. The purpose of this study was to describe the sensory-based behaviors of young children with autism as reported by their parents on the Sensory Profile. Factor scores of children with autism were compared with those of children without autism.
Method. The Sensory Profile questionnaire was completed by parents of 40 children without autism 3 through 6 years of age and parents of 40 children without autism 3 through 6 years of age.

Results. The performance of children with autism was significantly different from that of children without autism on 8 of 10 factors. Factors where differences were found included Sensory Seeking, Emotionally Reactive, Low Endurance/Tone, Oral Sensitivity, Inattention/Distractibility, Poor Registration, Fine Motor/Perceptual, and Other.

Conclusion. Findings from the study suggest that young children with autism have deficits in a variety of sensory processing abilities as measured by the Sensory Profile. Further research is needed to replicate these findings, to examine the possibility of subgroups on the basis of sensory processing, and to contrast the sensory processing abilities of children with other disabilities to those of children with autism.

This article is important to my Capstone Mentored Studies. The authors determined that the Sensory Profile does differentiate between children with autism and children without autism. They determined significant differences on 8 of the Sensory Profile factors. This finding was consistent with previous research. The authors remark that these finding give support to the argument that sensory processing is an important area of difference between these 2 populations. Further, the study gives strength to the use of the Sensory Profile to identify sensory processing tendencies within the populations.

Another finding determined that the children with autism had scores that tended to be spread further across the score ranges in 4 areas. These are Low Endurance/Tone, Oral Sensitivity, Sensory Sensitivity, and Fine Motor/Perceptual factors. This supports the theory that children with autism must be considered individually and differences cannot be generalized across the diagnosis.

The authors further suggest that there may be subgroups of children with autism who display unique profiles of sensory processing. Caution is stated in regards to the accuracy of the parent report and support is provided to compliment the Sensory Profile with professional judgment and skilled clinical observation.

Abstract:
Objective. This quasi-experimental study sought to determine whether children with possible sensory processing deficits, as measured by the Sensory Profile, performed less well on an occupational performance measure compared to children with typical Sensory Profile scores.
Method. Sixty-eight children were administered both the Assessment of Motor Process Skills (AMPS) and the Sensory Profile. After the assessments were completed, children were divided into two groups based on their Sensory Profile scores.
Results. Independent t tests indicates statistically significant differences between groups on the AMPS ADL [activities of Daily Living] Motor and ADL Process measures (p<.05), with the children with atypical Sensory Profile scores showing more functional difficulties. Correlations revealed significant relationships among the measures.
Conclusion. The results suggest that children identified with sensory processing deficits on the Sensory Profile are likely to experience some challenges in performing everyday occupations.

This study sought to determine whether children age 5-13 years with behaviors associated with sensory processing difficulties differed from those who were typically developing. The authors used the Sensory Profile to measure the difference between typical and atypical for sensory processing. Children were then assessed through the AMPS for functional performance. Correlations were obtained to determine relationships between the Sensory Profile scores and the outcomes of the AMPS. The authors provide an overview of both the Sensory Profile and the AMPS and how each relates to use with children with sensory processing difficulties. The authors contend that the “findings of the study support the hypothesis that behaviors thought to reflect sensory processing abilities are associated with everyday occupational performance.” They further determine that use of the Sensory Profile with children “is likely to demonstrate [the] difficulties with occupational performance, at least regarding their ability to perform PADLs [personal activities of daily living] and IADLs [instrumental activities of daily living].”
Therefore, concern regarding children with sensory processing difficulties is warranted, and these children should be assessed regarding their functional abilities. The authors also state that “further research is necessary to develop and confirm specific diagnostic criteria, guidelines, and protocols to properly diagnose children with SPD for both clinical and research purposes.”
Appendix I

Parental Report of Current Performance

| Autism Society of Northwest Ohio | Extended School Year Summer Program |

**PARENTAL REPORT OF CURRENT PERFORMANCE**

| Child's Name | Birthdate | Age |

Please answer the following questions about your child's skills and behavior:

**SELF-CARE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Partially</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child toilet trained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at independent level?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with assistance for wiping?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child feed him/herself?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with a spoon?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with a fork?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>by spreading with knife?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by cutting with a knife?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child drink from a cup without spilling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sip through a straw?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>drink from a fountain?</td>
<td></td>
<td></td>
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<tr>
<td>Does your child refuse to eat certain foods?</td>
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<tr>
<td>Does your child choke on certain foods?</td>
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<tr>
<td>Does your child attempt to eat inedible objects?</td>
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<tr>
<td>Can your child dress him/herself independently?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can your child put on shorts or pants?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can your child put on crew neck shirt?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can your child put on coat, jacket, or sweater?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Can your child put on socks?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can your child put on shoes? (circle: lace or velcro?)</td>
<td></td>
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<tr>
<td>Can your child button a shirt or sweater/jacket?</td>
<td></td>
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<tr>
<td>Can your child zip up a jacket? or pants?</td>
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<tr>
<td>Can your child tie shoes?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Does your child use good hygiene independently?</td>
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<td></td>
</tr>
<tr>
<td>Can your child wash hands with soap?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Can your child wash face with washcloth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can your child shower independently?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Can your child adjust faucets for temperature of water?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Can your child brush own teeth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can your child comb/brush own hair?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child: (yes/no) Wipe nose?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wipe drool?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cover mouth when coughing?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Does your child have problem habits: (yes/no) Splitting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drooling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chewing fingernails</td>
<td></td>
<td></td>
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<tr>
<td>Other problem habits:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long does your child sleep at night?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sleep problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child willingly wear a seatbelt for travel?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Can your child cross the street alone?</td>
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</tr>
</tbody>
</table>
ASNO Application Form 5: Parent Checklist

Child's Name ___________________________ Birthdate _____ Age _____

Please answer the following questions about your child's skills and behavior:

SOCIAL-EMOTIONAL SKILLS

Does your child use the names of familiar people? Yes No Partially

Does your child play with others? parallel play interactive play

with 1 other child in small group

in structured play with adult supervision

Does your child use his voice to express pleasure? to express anger?

Does your child finish tasks without prompts?

Does your child identify his/her personal belongings

Does your child seek excessive attention from others?

Does your child get angry if s/he doesn't get own way?

Does your child physically assault others? Yes No

Check behaviors that apply: Hits Kicks Pulls hair Pinches Bites Other

Does your child destroy property? What prompts this?

Does your child tantrum? Yes No

Usually how long are tantrums? min.

How often does s/he tantrum? times a day times a week

During a tantrum, what negative behaviors are exhibited? (Check those that apply.)

Crying Screaming Spitting Hitting Other

Scratching Biting Kicking Pulling hair Pinching Grabbing others

Self-abusive behavior: Head banging Scratches self Pinching self

Grabbing self Other

Destroying property: Throwing objects Tearing objects/clothing

Breaking glass Using objects as weapons Dumping objects in water

Flight behavior: Running away Withdrawing Hiding Jumping out of car

Other:

Does the child's behavior signal an oncoming tantrum? yes no sometimes

Describe anticipatory behavior

What effectively reduces agitation?

Do some specific situations trigger tantrums? yes no sometimes

List situations:

Describe your usual response to tantrums:

What are your child's positive reinforcers? Check those that s/he likes & give examples.

verbal praise physical reassurance (pats on shoulder, High 5) stickers tokens

undivided attention of adult money points or tokens to trade special outings

favorite play activities, such as

listening to music time alone videotapes video games computer activities

List others:
## ACADEMIC SKILLS

### Language Arts/Communication

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Partially</th>
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<tbody>
<tr>
<td>Does your child use the names of familiar people?</td>
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<tr>
<td>Does your child respond to:</td>
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<tr>
<td>- His/her name?</td>
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<tr>
<td>- &quot;Come here.&quot;</td>
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<td>- &quot;Sit down.&quot;</td>
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<tr>
<td>- &quot;No,&quot; or &quot;Don't.&quot;</td>
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<tr>
<td>Does your child initiate verbal interactions with others?</td>
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<td>Does your child keep eye contact with speaker/listener?</td>
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<td>Does your child follow: one-step directions?</td>
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<td>- two-step directions?</td>
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<td>- three-step directions?</td>
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<td>Does your child imitate:</td>
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<td>- words or short phrases?</td>
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<td>new words or new sentences you say for the first time?</td>
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<td>- songs, rhymes, commercials?</td>
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<td>Does your child talk in short sentences of 3-5 words?</td>
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<td>Does your child talk in simple sentences of 6-8 words?</td>
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<td>Does your child use some complex sentences?</td>
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<td>Does s/he use sign language or an augmentative device?</td>
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<td>Does your child learn new vocabulary words weekly?</td>
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<td>Does your child ask for meaning of new words he hears?</td>
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<td>Does your child ASK for items:</td>
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<td>- using gestures/grunts?</td>
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<td>- using single words?</td>
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<td>- using 2-3 words?</td>
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<td>- using sentences?</td>
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<td>Does your child ask questions?</td>
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<td>- Who, What, Where Questions?</td>
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<td>- When, Which, How, Why?</td>
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<tr>
<td>- Yes/No Questions?</td>
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<td>Does your child listen to short stories (≤ 5 min) with pictures?</td>
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<td>Does your child answer questions about what he heard?</td>
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<td>Does your child read?</td>
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<td>- his own name?</td>
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<td>- saying sounds for letters?</td>
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<td>- matching words to pictures?</td>
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<td>- finding word said by someone?</td>
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<td>- familiar books with pictures?</td>
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<td>- several beginning sight words?</td>
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<td>- using phonics for many words?</td>
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<td>Does your child follow to read along with reader or taped book?</td>
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<td>Does your child read well enough to answer questions?</td>
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<td>Does your child read directions and follow them?</td>
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<td>Does your child like to go to the library?</td>
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<tr>
<td>Question</td>
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<td>No</td>
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<tr>
<td>Child's Name</td>
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<tr>
<td>Birthdate</td>
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<tr>
<td>Age</td>
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<td>Academic Skills: Language Arts continued</td>
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<td>Does your child hold a pencil correctly with traditional grip?</td>
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<td>Can your child identify shapes?</td>
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<tr>
<td>circle, square, triangle?</td>
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<td>rectangle, diamond, oval?</td>
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<td>Can your child trace shapes?</td>
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<td>circle, square, triangle?</td>
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<td>rectangle, diamond, oval?</td>
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<tr>
<td>Can your child copy shapes?</td>
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<td>circle, square, triangle?</td>
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<td>rectangle, diamond, oval?</td>
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<td>Does your child like to write on a chalkboard?</td>
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<td>Can your child write?</td>
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<td>his own name?</td>
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<td>letters of the alphabet?</td>
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<td>numbers 1-10?</td>
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<td>copying words/sentences in books?</td>
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<td>simple sight words?</td>
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<tr>
<td>using phonics to sound out and write words?</td>
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<tr>
<td>arranging words into sentences?</td>
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<tr>
<td>Does your child write short sentences of his own?</td>
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<tr>
<td>to make lists and send messages?</td>
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<tr>
<td>short stories or friendly letters?</td>
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<td>Can your child cut with scissors?</td>
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<td>straight lines?</td>
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<td>curves?</td>
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<td>varied shapes?</td>
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<tr>
<td>Does your child like to cut and paste?</td>
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<td>Can your child play computer games?</td>
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<td>Can your child use a computer for word processing?</td>
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<td>Does your child like to do reading/writing worksheets?</td>
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<td>Does your child like to read and color workbooks?</td>
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<td>Can your child use a tape recorder?</td>
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<td>Can your child draw recognizable pictures?</td>
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<tr>
<td>Does your child like to paint?</td>
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<tr>
<td>with brushes?</td>
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<tr>
<td>with fingers?</td>
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<tr>
<td>Does your child like to play with clay or Playdoh?</td>
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<tr>
<td>Does your child like to do crafts?</td>
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<td>What kind?</td>
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<tr>
<td>Academic Skills: Math</td>
<td>Yes</td>
<td>No</td>
<td>Partially</td>
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<td>-----------------------------------------------------------</td>
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<tr>
<td>Does your child know his age?</td>
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<td>Does your child know his date of birth?</td>
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<tr>
<td>Does your child have independent counting skills?</td>
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<tr>
<td>Does your child count by rote (yes or no) to 10___ 20___ 50___ 100___</td>
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<tr>
<td>Does your child count objects correctly to (yes or no) 10___ to 20___</td>
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<tr>
<td>Does your child count by 5's (yes or no)</td>
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<tr>
<td>Does your child recognize money?</td>
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<tr>
<td>Coins (yes or no): penny_____ nickel_____ dime_____ quarter_____</td>
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<td>Bills: $1___ $5___ $10___ $20___</td>
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<tr>
<td>Does your child count change (yes or no) up to: $1___ $5___</td>
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<tr>
<td>Does your child make change (yes or no) for amounts from: $1___ $5___</td>
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<tr>
<td>Does your child understand/use time?</td>
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<tr>
<td>Using &quot;Time vocabulary,&quot; such as: (Check vocabulary he knows/uses)</td>
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<tr>
<td>later___ before___ wait___ now___ after___ in a minute___ today___ yesterday___</td>
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<tr>
<td>tomorrow___ days___ months___ years___</td>
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<td>Does your child use a calendar to find the date?</td>
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<td>Different times of day: morning, afternoon, night?</td>
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<td>using clock dial?</td>
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<td>using digital display?</td>
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<tr>
<td>to hour?</td>
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<tr>
<td>to half-hour?</td>
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<tr>
<td>to quarter hour?</td>
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<td>before the hour; after the hour?</td>
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<tr>
<td>Does your child use a daily schedule?</td>
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<tr>
<td>with times &amp; pictured activities?</td>
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<tr>
<td>written schedule?</td>
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<tr>
<td>Does your child show basic math vocabulary with objects? (Check ones child can do.)</td>
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<tr>
<td>More___ one more___ another one___ add or plus___ subtract, take away or minus___</td>
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<tr>
<td>multiply or times___ divide or go into___</td>
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<tr>
<td>Can your child do simple math calculation without regrouping (carrying or borrowing)? (Check ones child can do.)</td>
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<tr>
<td>addition sums to 10___ subtracting from 10___</td>
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<tr>
<td>multiplying factors to 10___ dividing by factors to 10___</td>
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<tr>
<td>Can you child do math calculation with regrouping (carrying &amp; borrowing)? (Check ones child can do.)</td>
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<tr>
<td>addition sums to 10___ subtracting from 10___</td>
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<tr>
<td>multiplying factors to 10___ dividing by factors to 10___</td>
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<tr>
<td>Does your child use a calculator? ___Yes ___No ___Partially</td>
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</tbody>
</table>
Child's Name __________ Birthdate _____ Age _____

Parental Objectives for Academic Skills

What five (5) academic skills are most important to master this summer?
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________

What five social skills would you like for your child to learn this summer?
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

Rewards and Consequences

What rewards do you use when your child uses appropriate behaviors?
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________

What consequences do you use when your child behaves inappropriately?
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________

What special interests or talents does your child have we should know about?
Appendix J

Preparatory Timeline for ASNO ESY Occupational Therapists and OTD Faculty

<table>
<thead>
<tr>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<tbody>
<tr>
<td>Inventory assessments</td>
<td>Prepare FW assignments**</td>
<td>Prepare Interdisciplinary Workshop materials</td>
<td>Prepare individual children's packets for OTD assignments</td>
</tr>
<tr>
<td>Order assessments</td>
<td>Schedule Interdisciplinary Workshop</td>
<td>Prepare orientation materials</td>
<td>Implement interdisciplinary day</td>
</tr>
<tr>
<td>* Prepare admissions packet for ESY children</td>
<td></td>
<td>Inventory supplies and order as needed</td>
<td>Attend and provide orientation</td>
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<tr>
<td>Prepare book orders for FW III</td>
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**Color Key**

| ASNO ESY OT Responsibility | UT OTD Responsibility | Collaborative ASNO ESY & UT OTD Responsibility |

*Parent Letter, Assessments (Sensory Profile, PEDI, Instructions for PEDI, School OT forms, Pre-Paid Return Envelope

** FW clinical time & related assignment
Dear Parent,

Congratulations on your child’s acceptance to the ASNO Summer Extended School Program. We are the two occupational therapists who will be working within the program, and we are very excited to get to know you and your child. To help us get started, we are requesting some information from you. Enclosed you will find the following:

- Sensory Profile Questionnaire
- Pediatric Evaluation of Disability Inventory (PEDI)
- School OT letter, form and return envelope

The Sensory Profile will enable us to plan for an individualized sensory diet specific to your child. The PEDI will provide us information related to your child’s abilities in the areas of self-care, mobility, and social functions. Both of these will help us to plan for the needs of your child. We ask that you complete both of these questionnaires and bring them with you to your speech diagnostic appointment.

The final item in your packet is the School OT letter and form. Please put your child’s name on the front cover and sign your name to the bottom. Your signature enables the school to provide the requested information without violating privacy constrictions. Be sure to include the envelope so the OT can return it directly to us.

We thank you for taking the time to complete the requested information.

Feel free to contact us with questions or comments,

Warm regards,

Alexia E. Metz

Kelly A. Gelske
Appendix L

Instructions for the PEDI Assessment

In Part I, please rate whether your child is capable (1) or incapable (0) of performing the indicated task. If your child has mastered the task, but no longer needs to perform it (ex. #10 "Holds bottle or spout cup" and your child now drinks from a grown-up cup), please indicate "capable".

In Part II, please indicate how much help you regularly provide to your child to complete the indicated task.

5 = Independent child does not require help from a caregiver to complete this task

4 = Supervision/Prompt/Monitor child does not require physical help but does need equipment to be set up, prompting, or supervision

3 = Minimal assistance caregiver provides a little physical assistance to assist with completion of the task

2 = Moderate assistance caregiver does less than half of the activity

1 = Maximal assistance caregiver does more than half of the activity

0 = Total assistance caregiver does all or almost all of the activity, child provides no contribution

In Part II, also indicate whether or not you regularly modify activities or equipment to allow your child to participate in tasks.

N = none, no modifications

C = child-oriented (non-specialized) modifications, those modifications that might be made for any child (child-sized equipment, extra time, potty chairs, Velcro, etc.)

R = Specialized Rehabilitation Equipment (such as picture communication systems, splints, adaptive scissors, etc.)

E = Extensive Modifications (such as computerized communication systems, customized clothing, feeding tubes, etc.)

It is critical that you complete all of the items in order to assure proper scoring.

Thank you for taking the time to complete this assessment. Please feel free to contact us if you have any questions.
## Timeline for OT Students Participating in the Summer 2009 ASNO ESY

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<th>May 26</th>
<th>June 1</th>
<th>June 8</th>
<th>June 15</th>
<th>June 22</th>
<th>June 29</th>
<th>July 6</th>
<th>July 13</th>
<th>July 20</th>
<th>July 27</th>
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<tbody>
<tr>
<td>Summer semester begins: Receive MOPS IV &amp; FW III syllabi</td>
<td>Schedule weekly FW placements FW III</td>
<td>ASNO ESY weekly FW placement</td>
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<tr>
<td>Pediatric neuro didactic preparation MOPS IV</td>
<td>Assign 1* All day - 4 hrs</td>
<td>Assign 2* 2.25 hrs</td>
<td>Assign 3* 2.25 hrs</td>
<td>Assign 4* 2.25 hrs</td>
<td>Assign 5* 2.25 hrs</td>
<td>OTD Summer Session Completed – no classes this week</td>
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</tr>
<tr>
<td>Collaborative &amp; Consultative MOP preparation FW III</td>
<td>Attend Interdisciplinary Workshop with SLP student clinicians. Receive child assignment &amp; related paperwork Date TBA 1.75 hrs</td>
<td>Complete Student Evaluations with FE**</td>
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<td></td>
<td>Attend scheduled ASNO ESY student orientation Date TBA 1.75 hrs</td>
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<td></td>
<td>Attend scheduled Parent Orientation Date: TBA 1.5 hrs</td>
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</tbody>
</table>

* See assignments listed below
** Fieldwork Educator
**Weekly Assignment Ledger** (see course syllabi for detailed description of assignments)

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June 29</td>
<td>Observe ESY OT &amp; assigned child, review IEP, ETR, Sensory Profile, PEDI, Screenings, SLP &amp; academic goals</td>
</tr>
<tr>
<td>2</td>
<td>July 6</td>
<td>Conduct a consultative interview with the clinician to determine needs of child, observe child</td>
</tr>
<tr>
<td>3</td>
<td>July 13</td>
<td>Present written consultation remarks to OT, Observe child and ESY OT</td>
</tr>
<tr>
<td>4</td>
<td>July 20</td>
<td>Monitor consultation, plan an occupation-based OT intervention in collaboration w/ clinician</td>
</tr>
<tr>
<td>5</td>
<td>July 27</td>
<td>Monitor consultation, conduct planned occupation-based intervention, write SOAP note, prepare written outcomes of consultation for parent meeting</td>
</tr>
<tr>
<td>6</td>
<td>Aug 3</td>
<td>OTD Summer Classes Ended&lt;br&gt;Attend/present outcomes of consultation at Parent Meeting - Optional</td>
</tr>
</tbody>
</table>
Appendix N

School OT Letter

Alexia E. Metz, PhD, OTR/L
Kelly A. Gelske, BS, OTS

University of Toledo, Health Science Campus
3000 Arlington, Mail Stop 1027
Toledo, Ohio 43617
(419) 383-4429
Fax: (419) 383-5880

Autism Society of Northwest Ohio
4848 Dorr Street, Ste. 1
Toledo, OH 43615
(419) 578-2766
Fax: (419) 536-5038

Dear Occupational Therapist,

We are asking you to provide information about ____________________________ (parent or caregiver, please insert your child’s name) to assist with planning and programming at the Extended School Year (ESY) program sponsored by the Autism Society of Northwest Ohio. If the information requested below is explicitly contained in an Occupational Therapy evaluation or progress note written in the last six months, please indicate so and include the documentation in your reply. Please do not include the child’s IEP as that has already been provided by the parent or caregiver.

Please return this to us in the included, stamped envelope.

Feel free to contact us with questions or comments,

Warm regards,

Alexia E. Metz

Kelly A. Gelske

I _______________________ (parent name) give permission for ________________________ (occupational therapist) to provide the above requested information to the Autism Society of Northwest Ohio for purposes of the Extended School Year program.

________________________________________
Parent Signature/Date
Child’s name: _________________________________

Date: _____________________________

Name and contact information for completing therapist:
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________

Which goals/objective do you consider priority for this child to work toward during the ESY program?

Has the child met any of the current Occupational Therapy IEP goals? Do any of the met goals need to be followed-up for maintenance or practice?

What intervention methods are used in Occupational Therapy for this child? If this child is using any specific products (Alert Program, Handwriting Without Tears, etc.) under your direction, please list them here and describe how you’ve been using them. Please be specific.

Does this child benefit from the use of sensory strategies? If so, which ones and how are the implemented at school?
Please describe any consultative services that you have provided to this child’s teacher over the past 6 months that you feel would be beneficial for us to be aware of.

Please summarize (or attach) the results of any testing done with this child that has not been directly reported on the child’s IEP or ETR within the past school year.

Are there other suggestions, ideas, or requests you have for the summer ESY program?

Thank you so much for taking the time to complete this form.
OCCT733 Fieldwork and Professional Development Seminar III Assignments

Interdisciplinary Workshop
Students will attend and participate in an interdisciplinary workshop with graduate students in the speech language pathology program on Main Campus. The workshop is aimed to provide students with knowledge regarding the profession of speech language pathology and how the two professions effectively collaborate within various practice settings.

Attendance and participation is mandatory to receive a passing grade for this assignment.

ASNO ESY Fieldwork Placement
As assigned, students will be required to attend and participate in a scheduled fieldwork experience at the Autism Society of Northwest Ohio Extended School Year (ASNO ESY) located in the Speech Language and Hearing Clinic on Main Campus. Students will attend an orientation prior to the start of the program and will be scheduled weekly at the ESY. Students will be assigned one child to follow weekly throughout the ESY. Please see attached timetable for details of the expected time commitment. Weekly assignments are as follows:

NOTE: ALL WRITTEN ASSIGNMENTS ARE TO BE GIVEN TO THE ESY OT (Fieldwork Educator) FOR REVIEW AND FEEDBACK! SEE ATTACHED GRADING RUBRICS FOR DETAILED REQUIREMENTS.

Orientation
  o All students participating in the ASNO ESY are required to attend the scheduled student orientation and initial parent orientation (see syllabus for dates).

Week 1 (4 hrs)
  o Observe ESY OT & assigned child; review IEP, ETR, Sensory Profile, PEDI, screenings, therapy notes, etc. relevant to your assigned child. Receive and review ESY OT consultation notes specific to your assigned child. Prepare to monitor and provide input to the weekly consultation process. Prepare to provide one evidence-based practice article related to one intervention technique observed at the ESY (Due Week 4).

Week 2 (2 hrs)
  o Using the ESY OT written consultation for your assigned child as a guide, conduct a consultative interview with the appropriate speech clinician and observe the child within his/her environment to determine the current needs of the child. Consult with the classroom teacher if needed. Prepare to provide written input to the consultation according to the interview and observations of the child to be due next week.

Week 3 (2 hrs)
  o Due: written consultation input to ESY OT.
  o Monitor consultation input through observation within the child’s environment and discussion with speech clinician. Work collaboratively with the speech clinician to plan an occupation-based intervention session which is to be carried out Week 5 with the speech clinician. The occupation should incorporate both OT and speech goals. Prepare to provide a written outline of planned occupation to ESY OT next week.
Week 4 (2 hrs)

- **Due**: evidence-based practice article and reflection related to one occupation-based intervention technique observed during previous weeks. Students are to write a 1-2 page reflection regarding the observed intervention technique in relation to an evidence-based article. Include the theory behind the intervention, purpose of the intervention, goal for the intervention, how was it occupation-based, therapeutic use of self, any deviations that occurred, noticeable outcomes.
- **Due**: updated consultation input to ESY OT.
- **Due**: written outline for planned occupation to ESY OT. Include description of the occupation, the goals, objectives, methods, materials, alternative plan, and intended outcomes.
- Monitor consultation input through observation within the child’s environment and discussion with speech clinician.

Week 5

- **Due**: Conduct the planned occupation-based session in collaboration with the speech clinician. Following the session, write SOAP note.
- **Due**: updated consultation input to ESY OT.
- **Due**: Written outcomes of consultation process to ESY OT.
- Complete fieldwork evaluations with Fieldwork Educator.

Week 6

- Attend Parent Meeting and present consultation outcomes - optional

**Notebook**

Students will maintain a notebook containing completed assignments following input from the ESY OT. This notebook will be handed in to the Fieldwork Coordinator at the completion of the ESY. The notebook is to contain all written consultation reports (completed by you), evidence-based article with reflection, written outline of planned occupation and SOAP note, consultation outcomes for parent meeting, and reading reflections. All items contained within the notebook must adhere to confidentiality standards as delineated in the Fieldwork Manual and Student Conduct Code. See syllabus for due date.
**Reading Assignments**

**Week 1 (May 26)**
Chapter 1 – Working and Consulting in the School System
Chapter 2 – Educationally Relevant Consultation
Chapter 3 – Analyzing Student Performance in the School Environment

**Week 2 (June 2)**
Chapter 4 – Identifying Human Resources
Chapter 5 – Assessing the School Environment
Chapter 6 – The Therapist’s Role in the Consulting Process

**Week 3 (June 9)**
Chapter 7 – The Stages of Consultation
Chapter 8 – Supports for and Challenges to Successful Consultation
Chapter 9 - Resolution

**Text Reflection Assignments**
Students are to write a 1-page reflection on each chapter. Finished reflection is to be kept in the Fieldwork Notebook to be turned in per date on syllabus.

Use the following questions to help guide you when writing your reflections. Feel free to discuss other items that you feel are important within each chapter.

**Chapter 1**
1. What are the major differences between the medical model and the school-based model. What considerations must a school-based therapist have when planning goals and interventions? What mandates support these considerations?
2. Discuss the myths associated with using a consultative model within an educational setting.
3. Discuss the characteristics and benefits of using a consultative model of practice within the school setting. Can you think of others that are not discussed in the text? Explain your ideas.

**Chapter 2**
4. Discuss what is meant by “educationally relevant.” Comment on the following:
   Bobby is 8 years old and diagnosed on the autism spectrum. He has difficulties with fine motor skills including buttoning, zipping, and snapping. He is working on potty training and still wears a pull-up to school. Bobby is learning to appropriately ask to use the restroom when needed, but he often wets his pants when in the stall because he cannot get his pants down. Mom has asked the teacher to give Bobby more help with unfastening and re-fastening his pants. His teacher is very busy and does not have the time to give to Bobby for this task. She has asked the OT to help Bobby. Comment on whether you think this occupation would be considered “educationally relevant.” Why or why not. Can the consultative model assist with this occupation? Why or why not.
Chapter 3
5. Why is observation an important component of the consultation model? Discuss each of the key components of analyzing performance. Why are each important?
6. Comment on Figure 3.1 and 3.2 as a tool for observation.

Chapter 4
7. Reflect on the importance of understanding the knowledge base, current practices, and culture of those with whom you are consulting for (e.g., teachers, parents, etc.). Why is it important to consider the team’s concerns and goals?

Chapter 5
8. Why is it important to evaluate the child in multiple environments? List pros and cons of evaluation within the natural environment.
9. Comment on Figure 5.1 as a tool for observation.

Chapter 6
10. Reflect on how you feel Figure 6.1 can assist you with the consultation role. Which points do you feel are most important to consider?
11. Create a chart similar to Table 6.2 and use it to list your own ideas and strategies that you feel may be valuable.
12. Can you think of other methods that the consulting therapist can use. Give an example of a method you have used in the past.
13. Complete the practice activities on page 86 & 89.

Chapter 7
14. Comment on each of the stages discussed in the chapter. Reflection on any personal experiences you have had that relate to the stages.

Chapter 8
15. In what ways can you assist in getting administrative support for implementation of consultative services within an organization (e.g. school, SNF, community based, etc)?
16. Reflect on the six strategies for fitting in the schools as a consulting therapist. Do any other ideas come to mind?

Chapter 9
17. Discuss the stages of negotiation/conflict resolution. Compare and/or contrast these to strategies that you have used in the past. Why is conflict resolution important?

Final Reflection
Following your Fieldwork experience, comment on how the strategies in this text assisted you with the decisions you made for your assigned child. Describe the strategies, methods, and styles that you used. Describe your experiences of the stages of consultation. What suggestions did you utilize? Were your experiences successful? Could you have done things differently? What supports and challenges did you encounter and how did you handle them? Could you have done things differently? If conflict arose, how were you able to deal with it? Did the stages of conflict resolution assist you with your decision-making?

Reflect on how the Hanft & Place textbook was helpful to you.
Interdisciplinary Workshop – 3.5 hours
2 Parts:
  Part 1: 1.75 hrs
  Part 2: 1.75 hrs

Who should attend: This workshop is designed for OT students registered in FW III (summer session) and SLP graduate students registered for Summer II.

Goal: The goal of this interdisciplinary event with graduate students in the occupational therapy department and speech language pathology department is to develop an understanding of each discipline as it relates to collaboration within a multidisciplinary setting as measured through group discussions and program evaluation. The second portion of this event is intended to serve as an orientation for those graduate students attending the ASNO ESY program.

Objectives:
OT portion:
  o At the end of the session, students will be able to define the collaborative service provision and consultative service provision.
  o At the end of the session, students will be able to demonstrate collaborative intervention planning.
  o At the end of the session, SLP students will be able to identify various OT practice settings.
  o At the end of the session, SLP students will be able to identify the purpose of and basic role of occupational therapy services.
  o At the end of the session, SLP students will be able to define occupation-based OT practice.
  o At the end of the session, SLP students will be able to identify OT’s impact on sensory processing.
  o At the end of the session, SLP students will be able to identify reasons OT’s use play as an intervention strategy.

SLP portion
  o At the end of the session, OT students will be able to identify various SLP practice settings.
  o At the end of the session, OT students will be able to identify the purpose and basic role of speech language pathology services within a variety of settings, including school-based..
  o Add objectives from SLP directed to OT learning.
Itinerary
Part 1: 1 ¾ hr total:
1) Meet & Greet – 20 min
   a) Ice Breaker & Introduction of students/faculty
   b) Discuss itinerary, purpose, & objectives for the event
   c) What is the collaborative and consultative models of practice/service provisions – lecture to be provided collaboratively between OT and SLP

2) Divide Disciplines – 45 min (+5 min to transition to assigned areas)
   a) OT to receive discussion/lecture regarding the basics of SLP – presented by SLP faculty
      i) Short tour of Clinic
      ii) What is speech language pathology
      iii) Where is SLP – practice settings
      iv) SLP in the schools
   b) SLP to receive discussion/lecture regarding the basics of OT – presented by OT faculty
      i) What is OT
         (1) Occupation-based practice
         (2) Sensory Integration/Processing – Sensory Diet
         (3) Play as an intervention
         (4) Other MOPS that may be of value for SLP to be aware of (for other settings)
      ii) Where is OT – practice settings
      iii) OT in the schools: IEP-based
          Consultation
          1:1 service provision
          Integrated

3) Break – 15 min

4) Reconvene disciplines – 20 min
   a) Questions/Answers regarding the discipline specific component
   b) Complete one group case (see below) - faculty driven

***Dismiss OTD and SLP students who are not participating in ASNO ESY program.

Part 2: 1 ¾ hr total
The last portions of this workshop are intended to provide an orientation for those individuals who will be attending the ASNO ESY.

5) Divide into groups: preferably by ASNO classroom (if possible) – 45 min
   a) Distribute ESY student info to groups – (e.g., IEP, ETR, school notes, assessments, etc.)
   b) Each group is to be led by a licensed clinician
   c) Each group will be expected to discuss OT, SLP, and academic IEP goals for the children. Students are to collaborate and brainstorm ideas for intervention, methods, intended outcomes.

6) Break – 15 min

7) Reconvene – 45 min
   a) One presentation from each classroom – time dependent
   b) Question/Answer
Case Study

Title: Occupational Therapy/Speech-Language Therapy Collaborative Intervention to Support Communication

To promote increased learning with the use of the collaborative model of practice, a case study has been chosen which is to be presented to the group in two segments. The case details a 3-1/2 year old boy, Brian, who is initially seen by speech language pathology (SLP) for limited expressive language concerns. Through evaluation, the SLP determines that Brian has limited attention span and difficulty with remaining on task. Further details of the SLP evaluation are provided, including recommendation for an occupational therapy evaluation for deficits in play along with sensory and motor concerns. The case is presented as a team effort between the two disciplines in order to promote successful occupational performance and enhancement of speech-language therapy.

Following the presentation of the initial case history, the following questions will be provided to the graduate students for discussion of further assessment and intervention strategies:

Questions:
1. What assessments would be appropriate for gaining more detailed information related to Brian’s occupational performance difficulties?
2. What types of service delivery would you consider appropriate for Brian (1:1 sessions or co-treatment)?
3. What sensorimotor strategies would you recommend to increase Brian’s attention level?
4. What visual supports would you recommend to assist with transitioning?
5. What environmental strategies would you recommend to promote occupational performance?

(Further questions can be obtained from the speech language pathology faculty to ensure full benefit of the case for students.)

Following group discussion of the above questions, the written resolution of the case study as presented within the text will be distributed. Included within this segment are the approaches that both disciplines incorporated to promote successful functioning within therapy sessions and at home, including service delivery options. The sensorimotor, visual motor, and environmental strategies that were incorporated within Brian’s therapy are also provided.
### Timeline for ASNO ESY Fieldwork Educator

<table>
<thead>
<tr>
<th>May 26</th>
<th>June 1</th>
<th>June 8</th>
<th>June 15</th>
<th>June 22</th>
<th>June 29</th>
<th>July 6</th>
<th>July 13</th>
<th>July 20</th>
<th>July 27</th>
<th>Aug 3</th>
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<tr>
<td></td>
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<td></td>
<td><strong>Attend &amp; contribute to Interdisciplinary Workshop with SLP student clinicians. Distribute child assignment &amp; related paperwork</strong></td>
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<td><strong>Provide supervision of OTD students</strong></td>
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<td><strong>Attend scheduled ASNO ESY student orientation &amp; parent orientation</strong></td>
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<td><strong>Prepare initial consult info &amp; give copy to students</strong></td>
<td><strong>Discuss interview results with students</strong></td>
<td><strong>Comment on written consult remarks</strong></td>
<td><strong>Monitor consult, observe &amp; assist student assign.</strong></td>
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<td><strong>Monitor consult, monitor student assign.</strong></td>
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<td><strong>Discuss consult outcomes w/ student</strong></td>
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<td><strong>Complet e student FW evaluation</strong></td>
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<td><strong>No UT OTD FW student s</strong></td>
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Appendix R
Letter of Support

April 27, 2009
To Whom It May Concern:

I am writing in support of the proposed Interdisciplinary Workshop to be conducted in collaboration with the Speech Language Pathology Graduate Program at The University of Toledo. This program as proposed would be a valuable addition to the didactic and clinical fieldwork components of the Occupational Therapy Doctorate Program in preparing students for clinical practice within a multidisciplinary setting. The program is based within the philosophy of the Occupational Therapy Doctorate Program and The University of Toledo and supports several ACOTE Standards required for accreditation.

I fully support the inclusion of this program within the Summer Fieldwork and Professional Development III Seminar Course and will provide the necessary faculty to enable the success of the event.

With Kindest Regards,

Julie Jepsen Thomas, PhD, OTR/L, FAOTA
Professor and Chair
Department of Occupational Therapy
### Grading Rubrics for FW III Assignments for ASNO ESY Placement

#### Interdisciplinary Day

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<tr>
<th>Criteria Score</th>
<th>Weight</th>
<th>Total Score</th>
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<tr>
<td>Student attended interdisciplinary workshop</td>
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<td>1</td>
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<tr>
<td>Student participated (e.g., contributed to discussion, ask questions, etc.) at the interdisciplinary workshop</td>
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<td>1</td>
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Criteria:
- 0=unsatisfactory
- 1=satisfactory

Min to pass = 2

**** Assignment to be graded by Coordinator of Fieldwork and Professional Development

#### Evidence-Based Article Assignment

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<tr>
<td>Student writes 1-2 page reflection with the following included:</td>
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<tr>
<td>Describes the intervention technique observed, including therapeutic use of self</td>
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<tr>
<td>Describes the evidence and theory behind the intervention</td>
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<tr>
<td>Describes the purpose of the intervention</td>
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<tr>
<td>Describes the goal of the intervention (occupational performance)</td>
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<td>4</td>
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<tr>
<td>Describes whether and how the intervention is occupation-based</td>
<td>2</td>
<td>4</td>
<td></td>
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<tr>
<td>Describes deviations from evidence and theory and critiques use of deviation</td>
<td>4</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Describes noticeable outcomes</td>
<td>2</td>
<td>4</td>
<td></td>
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<tr>
<td>Includes article reference and attaches the article</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Written using APA format</td>
<td>1</td>
<td>2</td>
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Criteria:
- 0=unsatisfactory,
- 1=needs improvement,
- 2=satisfactory

Min to pass = 32

**** Assignment to be reviewed by Fieldwork Educator, graded by Coordinator of Fieldwork and Professional Development
<table>
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<tr>
<th>Consultative Interview &amp; Written Input</th>
<th>Criteria Score</th>
<th>Summed Total</th>
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<tbody>
<tr>
<td>Student conducts weekly interview with speech clinician and/or teacher</td>
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<td>Student prepares weekly consultation updates for assigned child</td>
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<tr>
<td>Includes sensory diet needs as appropriate</td>
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<td>Includes fine motor needs as appropriate</td>
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<tr>
<td>Includes social behavior needs as appropriate</td>
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<tr>
<td>Includes ADL needs as appropriate</td>
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<tr>
<td>Includes ideas for OT and academic goals</td>
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<tr>
<td>Includes appropriate feedback to clinicians including noting positives</td>
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<tr>
<td>Written in a professional manner, free of spelling and grammatical errors</td>
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Criteria:
0=unsatisfactory, 1=needs improvement, 2=satisfactory

Min to pass = 76

**** Assignment to be graded by the Fieldwork Educator
**Collaborative Occupation Assignment**

<table>
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<th>Criteria</th>
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<tbody>
<tr>
<td>Collaborates with speech clinician to plan an occupation-based intervention</td>
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<td>10</td>
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**Student provides written outline of planned occupation including the following:**

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<th></th>
<th>Score</th>
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<td>Describes the occupation</td>
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<td>Includes the goal of the occupation</td>
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<tr>
<td>Includes objectives of the intervention</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes methods of and materials for the intervention with at least 1 alternative plan</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student conducts the planned intervention**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Weight</th>
<th>Total Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborates with speech clinician to conduct intervention</td>
<td></td>
<td>5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Makes necessary adaptations if needed</td>
<td></td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Demonstrates therapeutic use of self</td>
<td></td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Presents oneself in a professional manner</td>
<td></td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Adheres to pre-determined time limit (10-15 min)</td>
<td></td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Student documents the intervention using SOAP note format**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
<th>Weight</th>
<th>Total Score</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Includes subjective note</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes objective note</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes assessment note</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes plan note</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written with proper language and grammar</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Criteria:
0=unsatisfactory, 1=needs improvement, 2=satisfactory

Min to pass = 63

**** Assignment to be graded by Fieldwork Educator
### Consultative Outcomes Assignment

Student writes final outcome of consultation to be included in ESY student's final report to parents and school professionals, with the following included:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Weight</th>
<th>Total Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarizes weekly consultation reports</td>
<td>2</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Includes positive feedback observed through consultation sessions</td>
<td>2</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Includes at least 1 OT goal outcome directly related to the written consultations</td>
<td>2</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Provides at least 1 recommendation for transition back to school</td>
<td>2</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Written in professional manner with consideration of the intended audience (e.g., parent, school personnel)</td>
<td>2</td>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Criteria:  
0 = unsatisfactory,  
1 = needs improvement,  
2 = satisfactory  

Min to pass = 16

**** Assignment to be graded by Fieldwork Educator

### Notebook Assignment

Student will maintain a notebook throughout the semester containing the following assignments:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Weight</th>
<th>Total Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes Consultative and Written Input assignment from Week 3</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Includes Consultative and Written Input assignment from Week 4</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Includes Consultative and Written Input assignment from Week 5</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Includes Evidence-Based article assignment</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Includes Collaborative Occupation Assignment</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Contains Consultative Outcomes assignment</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Contains Reading Reflections</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Notebook maintained in professional manner; maintains confidentiality criteria</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Criteria:  
0 = unsatisfactory,  
1 = satisfactory  

Min to pass = 8

**** Assignment to be graded by Coordinator of Fieldwork and Professional Development
## Text Reflection Assignment

Students will prepare written reflections on each chapter of the Haft & Place textbook to be maintained with the notebook.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Weight</th>
<th>Total Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Chapter 2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Chapter 3</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Chapter 4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>Chapter 5</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>Chapter 6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>Chapter 7</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Chapter 8</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Chapter 9</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Final reflection</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

20

Criteria:
0=unsatisfactory/missing,
1=satisfactory,
2=above satisfactory

Min to pass = 10

**** Assignment to be graded by Coordinator of Fieldwork and Professional Development
Appendix T

Interdisciplinary Workshop Evaluation Form

Please evaluate the Interdisciplinary Workshop through the following items.

Part 1: Evaluation of the Workshop

1. The content of this workshop was valuable to my field of study.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

2. I was adequately prepared for the workshop through prior coursework completed before the workshop.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

3. The content was sequenced appropriately within the workshop.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

4. The goal and objectives of this workshop were logically consistent with each other.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

5. The workshop was consistent with the curriculum’s overall philosophy and design.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

6. The workshop schedule (duration and time of day) was conducive to learning.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

7. The instructional environment was conducive to learning.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree  Neutral  Strongly Agree

8. The workshop stimulated me to conduct further investigations in this area.
Part 2: Evaluation of the Instructors

9. The instructors communicated the workshop goal and objectives clearly.

   1---------------2---------------3---------------4----------------5
   Strongly Disagree Neutral Strongly Agree

10. The instructors demonstrated comprehensive and up-to-date knowledge of the material.

    1---------------2---------------3---------------4----------------5
    Strongly Disagree Neutral Strongly Agree

11. The instructors were interested in and enthusiastic about the course.

    1---------------2---------------3---------------4----------------5
    Strongly Disagree Neutral Strongly Agree

12. The instructors designed effective learning experiences and used teaching-learning tools effectively.

    1---------------2---------------3---------------4----------------5
    Strongly Disagree Neutral Strongly Agree

13. The instructors did a good job in conducting this workshop.

    1---------------2---------------3---------------4----------------5
    Strongly Disagree Neutral Strongly Agree

Please offer additional comments and recommendations.
Facility Name ____________________________________________
Facility Address ____________________________________________
Fieldwork Educator’s Name/Credentials ____________________________________________
Experience for: Semester __________ OCCT __________
Type of Fieldwork (type of facility, client ages/diagnosis) ____________________________________________

Orientation
Was a formal orientation provided? Yes ______ No ______
Was the orientation satisfactory? Yes ______ No ______
(organized, timely, complete)

Comments or suggestions:

What changes would you recommend in your academic program relative to the needs of THIS Level I Fieldwork experience?

What benefits did you gain by attending this fieldwork setting?

What changes would you recommend to facilitate a good fieldwork experience for students at this fieldwork setting in the future?

What qualities or personal performance skills do you feel a student should have to function successfully at this fieldwork setting?
Did you feel the fieldwork assignments provided a just-right-challenge for this setting? What fieldwork assignments were most beneficial and least beneficial to your learning process? Please qualify your answers with some rationale.

**Fieldwork Educator/Supervisor Rating**

For the items listed below, check the number that is most descriptive of the fieldwork educator.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approachable and interested in students</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Made student feel comfortable &amp; part of the dept.</td>
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<tr>
<td>Provided a positive role model of professional behavior in practice</td>
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<tr>
<td>Taught knowledge and skills to facilitate learning process</td>
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<tr>
<td>Presented clear explanations &amp; expectations</td>
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<tr>
<td>Encouraged student self-directed learning</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Facilitated student’s clinical reasoning</td>
<td></td>
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<tr>
<td>Encouraged questions</td>
<td></td>
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<tr>
<td>Provided feedback in a timely manner</td>
<td></td>
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<tr>
<td>Provided positive feedback regarding student’s strengths</td>
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<tr>
<td>Used constructive feedback to promote student development</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted responsibilities to facilitate student’s growth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraged student to provide feedback to fieldwork educator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modeled occupation-centered practice</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Comments (*additional comments can be written on the back*):

__________________________
Level I Student Name (PRINT)

__________________________
Level I Student’s Signature

__________________________
Date

__________________________
Level I Supervisor Name (PRINT)

__________________________
Level I Supervisor Signature

__________________________
Date
THE UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS
COLLEGE OF HEALTH SCIENCE AND HUMAN SERVICE
OCCUPATIONAL THERAPY DOCTORATE DEGREE PROGRAM
LEVEL I FIELDWORK EVALUATION (1ST YEAR)

Student Name: ________________________________
Facility Name: __________________________________
Facility Address: __________________________________
Type of Setting: ___________________________ Dates of Assignment: ______________
Total Number of Hours: _______________________

On the basis of your observation and interaction with the student, please indicate your rating by placing a check in the appropriate column. If the item is not applicable to the student’s experience, please mark N/A. Please comment or cite examples in the comments section.
S = Satisfactory
NI = Needs Improvement
N/A = Not applicable

<table>
<thead>
<tr>
<th>Professional skill or ability</th>
<th>S</th>
<th>NI</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the student communicate appropriately with the fieldwork supervisor (both verbal and nonverbal)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the student communicate appropriately with other employees and staff (both verbal and nonverbal)?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Did the student communicate appropriately with clients and/or caregivers (both verbal and nonverbal)?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Did the student participate in the fieldwork experience with enthusiasm?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Was the student punctual and prepared for fieldwork sessions?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Was the student dressed/groomed appropriately?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Did the student manage his/her emotions and behaviors professionally?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

What are the student’s strengths?

Other comments?

Level I Fieldwork Supervisor Name
________________________________________  Title
________________________________________

Signature
________________________________________  Date

I have read and have a copy of this report:

Level I Fieldwork Student Signature
________________________________________  Date
The University of Toledo Health Science Campus  
College of Health Science and Human Services  
Occupational Therapy Doctorate Degree Program  
Staff Evaluation of Level I Student Performance

<table>
<thead>
<tr>
<th>Professional skill or ability</th>
<th>S</th>
<th>NI</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the students communicate appropriately with you (verbal and non-verbal)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the students communicate appropriately with other staff members (verbal and nonverbal)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Did the students communicate appropriately with the children (verbal and nonverbal)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Did the students actively participate in the fieldwork experience appropriately and with enthusiasm?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did the students assume responsibility for self-directed learning?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Did the students maintain a professional attitude throughout the fieldwork experience?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Did the students respect client rights and maintain confidentiality?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the students respect time management (e.g. asking questions at appropriate times)?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Did the students respond appropriately and modify behavior in response to your feedback?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did the students manage his/her emotions and behaviors professionally?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Did the students maintain a safety conscious attitude?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Did the students share relevant classroom and/or research information appropriately?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Did you feel the inclusion of the OTD fieldwork students was beneficial to this setting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Do you feel the OTD students were prepared for this setting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you feel the OTD students received adequate supervision while at the ESY?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Did you feel adequately prepared to interact with the OTD students?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. What strengths do you note of the inclusion of the OTD students within this fieldwork setting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. What areas of improvement do you note of the inclusion of the OTD students within this fieldwork setting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Other comments (additional comments can be written on the back):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name (PRINT)  
________________________________________  __________________________
Signature                                      Date
Instructions:

Each year at the close of the ASNO Extended School Year Summer Program, we ask parents to evaluate the services. The information will be collected and organized to analyze program performance. The final report (not your personal evaluation) of this information is reviewed by the Autism Society of Northwest Ohio and The University of Toledo. Please complete the form and return it to school with your child, before the close of the program. Your name is not required on your evaluation. We do review all evaluations and consider changes or adaptations in the program from your input. Please rate each question as accurately as possible and feel free to add comments. Parent input has shaped the direction and level of services provided by the Autism Society of Northwest Ohio and The University of Toledo Speech-Language Clinic. Thank you for your time, support, and comments.

1. Has your child previously attended a summer school program?
   
   Yes  No

2. Has your child previously attended a summer school program provided by the Autism Society of Northwest Ohio?
   
   Yes  No

3. Did your school support your summer school program with ESY funds?
   
   Yes  No  Partially: (explain)

4. Would you recommend this program to another parent of a child with autism?
   
   Yes  No

5. What part of the program did you find most helpful?

   __________________________________________________________
Please rate the following questions using the scale below.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

___ 6. Has the summer school program lived up to your expectations?
___ 7. Do you feel your child’s progress was reasonable for the period of time covered?
___ 8. Did you feel the speech/language services were effective?
___ 9. Did you feel the emphasis on sensori-motor skills was helpful?
___ 10. Did you feel the behavior management services were helpful?
___ 11. Did you feel the teacher related services were helpful?
___ 12. Did the objectives and activities selected for the classroom meet your child’s needs?
___ 13. Was there adequate opportunity to conference with teachers and therapists?
___ 14. Were the services provided in a professional manner?
___ 15. Was the overall atmosphere of the school program positive?
___ 16. Was the initial evaluations report helpful to you in understanding your child’s communication and developmental needs?
___ 17. Were the conferences with teachers helpful?
___ 18. Were the conferences with speech-language therapists helpful?
___ 19. Were the conferences with the occupational therapists helpful?
___ 20. Upon request, did you find the staff readily available to make an appointment to conference with you?
___ 21. Was the final conference and written report helpful to you in understanding your child’s needs and progress?
___ 22. Did you find the daily communication notes from school useful in keeping you informed about school and your child?
___ 23. Please rate your overall impression of the summer program?

24. What changes to the summer program would you like to suggest to meet the needs of your child?

Comments:

25. Any additional comments, concerns, and/or suggestions please write on this page.
Appendix Y

Extended School Year Summer Program Evaluation (Post-Modification)

Autism Society of Northwest Ohio
&
The University of Toledo
2009
Extended School Year Summer Program
Program Evaluation

Instructions:
Each year at the close of the ASNO Extended School Year Program, we ask parents to evaluate the services that were provided to their child. The information is collected and organized to analyze program performance. A final report is created from the responses and this final report (not your personal responses) is reviewed by the Autism Society of Northwest Ohio and The University of Toledo.

Please complete the form and return it via the enclosed pre-paid envelope following the final conference at the close of the program. Your name is not required on the evaluation. We do review all evaluations and consider changes or adaptations in the program from your input. Parent input has shaped the direction and level of services provided by the Autism Society of Northwest Ohio and The University of Toledo Speech-Language Clinic and Occupational Therapy Department.

Thank you for your time, support, and comments.

1. Has your child previously attended a summer school program?

   Yes  No

2. Has your child previously attended a summer school program provided by the Autism Society of Northwest Ohio?

   Yes  No

3. Did your school support your summer school program with ESY funds?

   Yes  No  Partially (please explain)

4. Would you recommend this program to another parent of a child with autism?

   Yes  No

5. What part(s) of the program did you find most helpful?

6. What part(s) of the program did you find least helpful?
Please rate the following questions using the scale below

5--------------------4----------------------3----------------------2----------------------1
Excellent          Average          Unsatisfactory

NA = Not Applicable

<table>
<thead>
<tr>
<th>Question</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Has the summer school program lived up to your expectations?</td>
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<td>8. Do you feel your child’s progress was reasonable for the period of time at the summer school?</td>
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<td>9. Do you feel the speech language services were effective?</td>
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<td>10. Do you feel the speech language students were professional and beneficial to the program?</td>
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<td>11. Do you feel the occupational therapy services were effective?</td>
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<td>12. Do you feel the occupational therapy students were professional and beneficial to the program?</td>
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<td>13. Do you feel the behavior management services were effective?</td>
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<td>14. Were the services provided in a professional manner?</td>
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<td>15. Do you feel the objectives and activities selected for the classroom met your child’s needs?</td>
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<td>16. Do you feel the swim program was beneficial to your child?</td>
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<td>17. Did you find the overall atmosphere of the school program positive?</td>
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<td>18. Did you find the parent orientation helpful?</td>
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<td>19. Was the speech language initial evaluation report helpful to you in understanding your child’s communication and development needs?</td>
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<td>20. Was there adequate opportunity to conference with teachers and therapists?</td>
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<td>21. Upon request, did you find the staff readily available to make an appointment to conference with you?</td>
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<td>22. Was the conference with teachers helpful?</td>
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<td>23. Was the conference with speech language therapists helpful?</td>
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<td>24. Was the conference with occupational therapy helpful?</td>
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<td>25. Was the final conference and written report helpful to you in understanding your child’s needs and progress?</td>
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<td>26. Did you find the daily communication notes from school useful in keeping you informed about school and your child?</td>
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<td>27. Please rate your overall impression of the summer program?</td>
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What changes to the summer program would you like to suggest in order for us to better meet the needs of your child?

Please provide any additional comments, concerns, and/or suggestions that you feel will be helpful for us to know.

THANK YOU!