

References: The 3Cs to Being An A+ School Based Therapist- Communication, Collaboration and Consultation

Acuna ST, Gomez M, Juristo N. How do personality, team processes and task characteristics relate to job satisfaction and software quality? *Information and Software Technology*. Vol. 51 (3), March 2009: 627-639.

Ali, M. M., Mustapha, R., & Jelas, Z. M. (2006). An Empirical Study on Teachers' Perceptions towards Inclusive Education in Malaysia. *International Journal of Special Education*, 21(3), 36-44.

Angell, M. E., Stoner, J. B., & Shelden, D. L. (2009). Trust in Education Professionals Perspectives of Mothers of Children With Disabilities. *Remedial and Special Education*, 30(3), 160-176.

Antoszyk S, et al. "Dosage Considerations: Recommending School-Based Physical Therapy Intervention Under IDEA." Section on Pediatrics, APTA. 2014. Available at: <https://pediatricapta.org/includes/fact-sheets/pdfs/15%20Dosage%20Consideration%20Resource%20Manual.pdf>. Accessed: January 29, 2017.

Bacon, Jessica K., and Julie Causton-Theoharis. "It should be teamwork': a critical investigation of school practices and parent advocacy in special education." *International Journal of Inclusive Education* 17.7 (2013): 682-699.

Baker, D. P., Day, R., & Salas, E. (2006). Teamwork as an essential component of high-reliability organizations. *Health services research*, 41(4p2), 1576-1598.

Belmont P, Salem Y et al. "School-Based Physical Therapy: Conflicts Between Individuals With Disabilities Education Act (IDEA) and Legal Requirements of State Practice Acts and Regulations." Task Force on Physical Therapist State Practice Acts and Regulations, School-based Physical Therapy Special Interest Group (School SIG), Section on Pediatrics, APTA. 2014. Available at: <https://pediatricapta.org/includes/fact-sheets/pdfs/14%20State%20Practice%20Acts%20IDEA.pdf>. Accessed: January 29, 2017.

Bruder, M. B. (2010). Early childhood intervention: A promise to children and families for their future. *Exceptional Children*, 76(3), 339-355.

Brownell, M. T., Sindelar, P. T., Kiely, M. T., & Danielson, L. C. (2010). Special education teacher quality and preparation: Exposing foundations, constructing a new model. *Exceptional Children*, 76(3), 357-377..

Boavida, Tânia, Cecília Aguiar, and R. A. McWilliam. "A training program to improve IFSP/IEP goals and objectives through the routines-based interview." *Topics in Early Childhood Special Education* 33.4 (2014): 200-211.

Boyle, C., Topping, K., Jindal-Snape, D., & Norwich, B. (2012). The importance of peer-support for teaching staff when including children with special educational needs. *School Psychology International*, 33(2), 167-184.

"Building the Legacy: IDEA 2004." U.S. Department of Education, Office of Special Education Programs' (OSEP's) IDEA website. Available at: <http://idea.ed.gov/explore/home>. Accessed: January 29, 2017.

Burns, M. K., & Ysseldyke, J. E. (2005). Comparison of existing responsiveness-to-intervention models to identify and answer implementation questions. *The California School Psychologist*, 10(1), 9-20.

Chiarello, Lisa A., et al. "Student Outcomes of School-Based Physical Therapy as Measured by Goal Attainment Scaling." *Pediatric Physical Therapy* 28.3 (2016): 277-284.

Christle, Christine A., and Mitchell L. Yell. "Individualized education programs: Legal requirements and research findings." *Exceptionality* 18.3 (2010): 109-123.

Childre, A., & Chambers, C. R. (2005). Family perceptions of student centered planning and IEP meetings. *Education and Training in Developmental Disabilities*, 217-233.

Clark, Dorie. How to Repair a Damaged Professional Relationship. Harvard Business Review. June 5, 2014. Available at: [https://hbr.org/2014/06/how-to-repair-a-damaged-professional-relationship&cm\\_sp=Article-\\_-Links-\\_-Top%20of%20Page%20Recirculation](https://hbr.org/2014/06/how-to-repair-a-damaged-professional-relationship&cm_sp=Article-_-Links-_-Top%20of%20Page%20Recirculation). Accessed: November 4, 2015.

Color Code Personality Test. [https://www.colorcode.com/personality\\_test/](https://www.colorcode.com/personality_test/). Accessed: November 4, 2015.

Color Code Personality Test. <http://365tests.com/personality-tests/free-color-personality-test/>. Accessed: November 4, 2015.

Color Quiz. [www.colorquiz.com/](http://www.colorquiz.com/). Accessed: November 4, 2015.

Color Test. Available at: [http://www.nfty.org/\\_kd/Items/actions.cfm?action=Show&item\\_id=12954&destination=ShowItem](http://www.nfty.org/_kd/Items/actions.cfm?action=Show&item_id=12954&destination=ShowItem). Accessed: November 4, 2015.

Crothers, L. M., Hughes, T. L., & Morine, K. A. (2011). *Theory and cases in school-based consultation: A resource for school psychologists, school counselors, special educators, and other mental health professionals*. Routledge.

Comparing Embedded & Pullout Therapy Models. UNC Department of Allied Health Sciences. Available at: <https://www.med.unc.edu/ahs/ocsci/nc-school-based-ot/documents/iep-intervention-supports/DotheMath.pdf/view>. Accessed: March 24, 2017.

Conderman, G., & Johnston-Rodriguez, S. (2009). Beginning teachers' views of their collaborative roles. *Preventing School Failure: Alternative Education for Children and Youth*, 53(4), 235-244.

Conflict Strategies for Nice People: Available at: <https://hbr.org/2013/12/conflict-strategies-for-nice-people/>

Davey, Liane. Conflict Strategies for Nice People. Harvard Business Review. 12/25/2013. Available at: <https://hbr.org/2013/12/conflict-strategies-for-nice-people/>. Accessed: November 4, 2015.

Daly, E. J., Martens, B. K., Barnett, D., Witt, J. C., & Olson, S. C. (2007). Varying intervention delivery in response to intervention: Confronting and resolving challenges with measurement, instruction, and intensity. *School Psychology Review*, 36(4), 562.

Danielson, L., Doolittle, J., & Bradley, R. (2007). Professional development, capacity building, and research needs: Critical issues for response to intervention implementation. *School Psychology Review*, 36(4), 632.

Doty, A. (2010). *A National Survey of School-Based Physical Therapists and Secondary Transition Practices* (Doctoral dissertation, Kent State University).

deFur, Sharon H. "IEP transition planning-from compliance to quality." *Exceptionality* 11.2 (2003): 115-128.

Dole, Robin L., et al. "Consensus among experts in pediatric occupational and physical therapy on elements of individualized education programs." *Pediatric Physical Therapy* 15.3 (2003): 159-166.

Effgen, Susan K., Lisa Chiarello, and Suzanne A. Milbourne. "Updated competencies for physical therapists working in schools." *Pediatric Physical Therapy* 19.4 (2007): 266-274.

Effgen, Susan K., et al. "Physical Therapy-Related Child Outcomes in School: An Example of Practice-Based Evidence Methodology." *Pediatric Physical Therapy* 28.1 (2016): 47-56.

Effgen, Susan K., and Marcia K. Kaminker. "Nationwide survey of school-based physical therapy practice." *Pediatric Physical Therapy* 26.4 (2014): 394-403.

Esquivel, S. L., Ryan, C. S., & Bonner, M. (2008). Involved parents' perceptions of their experiences in school-based team meetings. *Journal of Educational and Psychological Consultation*, 18(3), 234-258..

Etscheidt, Susan, and Christina M. Curran. "Peer-reviewed research and individualized education programs (IEPs): An examination of intent and impact." *Exceptionality* 18.3 (2010): 138-150.

Friend, M., Cook, L., Hurley-Chamberlain, D., & Shamberger, C. (2010). Co-teaching: An illustration of the complexity of collaboration in special education. *Journal of Educational and Psychological Consultation*, 20(1), 9-27.

Fish, Wade W. "The IEP meeting: Perceptions of parents of students who receive special education services." *Preventing School Failure: Alternative Education for Children and Youth* 53.1 (2008): 8-14.

Fish, W. W. (2006). Perceptions of parents of students with autism towards the IEP meeting: A case study of one family support group chapter. *EDUCATION-INDIANAPOLIS THEN CHULA VISTA-*, 127(1), 56

Gallagher, P. A., Malone, D. M., & Ladner, J. R. (2009). Social-psychological support personnel: Attitudes and perceptions of teamwork supporting children with disabilities. *Journal of social work in disability & rehabilitation*, 8(1), 1-20.

Gil, L. A. (2007). Bridging the transition gap from high school to college: Preparing students with disabilities for a successful postsecondary experience. *Teaching Exceptional Children*, 40(2), 12.

Glizzard, J. (2011). Perceptions of the barriers to effective inclusion in one primary school: voices of teachers and teaching assistants. *Support for Learning*, 26(2), 56-63.

Gravois, T. A., & Rosenfield, S. A. (2006). Impact of instructional consultation teams on the disproportionate referral and placement of minority students in special education. *Remedial and special education*, 27(1), 42-52.

Grisham-Brown, Jennifer, et al. "Teaching IEP Goals and Objectives: in the Context of Classroom Routines and Activities." *Young Exceptional Children* 6.1 (2002): 18-27.

Guidance for Use of Group Intervention. UNC Department of Allied Health Sciences. Available at: <https://www.med.unc.edu/ahs/ocsci/nc-school-based-ot/documents/iep-intervention-supports/Guidance%20for%20use%20of%20Group%20Intervention.doc/view>. Accessed: March 24, 2017.

Gutkin, T. B., & Curtis, M. J. (2009). School-based consultation: The science and practice of indirect service delivery. *The handbook of school psychology, 4*, 591-635.

Glover, T. A., & DiPerna, J. C. (2007). Service delivery for response to intervention: Core components and directions for future research. *School Psychology Review, 36*(4), 526.

Helm, J. H. (2007). Energize Your Professional Development by Connecting with a Purpose: Building Communities of Practice. *Young Children, 62*(4), 12-17.

Hendler, S., & Nakelski, M. (2008). Extended day kindergarten: Supporting literacy and motor development through a teacher collaborative model. *Early Childhood Education Journal, 36*(1), 57-62.

Hong, S. B., & Reynolds-Keefer, L. (2013). Transdisciplinary Team Building: Strategies in Creating Early Childhood Educator and Health Care Teams. *International Journal of Early Childhood Special Education, 5*(1).

Holt, Sheryl L., Janice Kuperstein, and Susan K. Effgen. "Physical Therapists' Perceptions of School-Based Practices." *Physical & occupational therapy in pediatrics 35.4* (2015): 381-395.

Hwang, Y. S., & Evans, D. (2011). Attitudes towards inclusion: gaps between belief and practice. *International journal of special education, 26*(1), 136-146.

How to Repair a Damaged Professional Relationship: Available at: [https://hbr.org/2014/06/how-to-repair-a-damaged-professional-relationship&cm\\_sp=Article--Links--Top%20of%20Page%20Recirculation](https://hbr.org/2014/06/how-to-repair-a-damaged-professional-relationship&cm_sp=Article--Links--Top%20of%20Page%20Recirculation)

Fuchs, D., Fuchs, L. S., & Stecker, P. M. (2010). The "blurring" of special education in a new continuum of general education placements and services. *Exceptional Children, 76*(3), 301-323

Individuals with Disabilities Education Act. U.S. Department of Education. Available at: <https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html>. Accessed: January 29, 2017.

Kamens, Michele Wilson. "Learning to write IEPs: A personalized, reflective approach for preservice teachers." *Intervention in school and clinic 40.2* (2004): 76-80.

Kerns, C. D., & High-Performance, B. H. (2010). Managing your strengths: An approach to boost happy high performance. *Leadership Review, 10*(2), 68-81.

King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington, M. (2009). The application of a transdisciplinary model for early intervention services. *Infants & Young Children, 22*(3), 211-223.

Kovaleski, J. F. (2007). Response to intervention: Considerations for research and systems change. *School Psychology Review, 36*(4), 638.

Kratochwill, T. R., Volpiansky, P., Clements, M., & Ball, C. (2007). Professional development in implementing and sustaining multitier prevention models: Implications for response to intervention. *School Psychology Review*, 36(4), 618.

Lobo, Michele A., et al. "Grounding early intervention: physical therapy cannot just be about motor skills anymore." *Physical therapy* 93.1 (2013): 94.

Malone, D. Michael, and Peggy A. Gallagher. "Special education teachers' attitudes and perceptions of teamwork." *Remedial and Special Education* (2010), 31(5): 330-342.

Mangano, Marianne. "Teacher views on working with others to promote inclusion." *Working with Teaching Assistants and Other Support Staff for Inclusive Education*. Emerald Group Publishing Limited, 2015. 117-132.

Manning T, Parker R, Pogson G. (2006) "A revised model of team roles and some research findings", *Industrial and Commercial Training*, Vol. 38 Iss: 6, pp.287 – 296.

McConlogue, Agnes, and Lori Quinn. "Analysis of physical therapy goals in a school-based setting: a pilot study." *Physical & occupational therapy in pediatrics* 29.2 (2009): 154-169.

Mereoiu, Mariana, Sara Abercrombie, and Mary Murray. "One step closer: Connecting parents and teachers for improved student outcomes." *Cogent Education* 3.1 (2016): 1243079.

Mitchell, David, Missy Morton, and Garry Hornby. "Review of the literature on individual education plans." (2010).

McCulloch, P., Rathbone, J., & Catchpole, K. (2011). Interventions to improve teamwork and communications among healthcare staff. *British Journal of Surgery*, 98(4), 469-479.

McWilliam, R. A., and Stacy Scott. "Integrating therapy into the classroom." *Individualizing Inclusion in Child Care* (2001): 1-6.

Mueller, T. G., Singer, G. H., & Draper, L. M. (2008). Reducing parental dissatisfaction with special education in two school districts: Implementing conflict prevention and alternative dispute resolution. *Journal of Educational and Psychological Consultation*, 18(3), 191-233.

Mullins, C., & Constable, G. (2007). *Leadership and Teambuilding in Primary Care*. Radcliffe Publishing.

Myers, C. T., Effgen, S. K., Blanchard, E., Southall, A., Wells, S., & Miller, E. (2011). Factors influencing physical therapists' involvement in preschool transitions. *Physical therapy*, 91(5), 656-664.

Myers Briggs Test. Personality Pathways. Available at: Myers Briggs Test- Personality [http://www.personalitypathways.com/type\\_inventory.html#](http://www.personalitypathways.com/type_inventory.html#). Accessed: November 5, 2015.

Multiple Intelligences Assessment: Find Your Strengths. Available at: <http://www.literacynet.org/mi/assessment/findyourstrengths.html>. Accessed: November 4, 2015.

Novak, Iona. "Evidence to practice commentary new evidence in coaching interventions." *Physical & occupational therapy in pediatrics* 34.2 (2014): 132-137

Practice Committee of the Section on Pediatrics, APTA. "Providing Physical Therapy in Schools Under IDEA 2004." Section on Pediatrics, APTA. 2009. Available at: <https://pediatricapta.org/includes/fact-sheets/pdfs/09%20IDEA%20Schools.pdf>. Accessed: January 29, 2017.

Practice Committee of the Section on Pediatrics, APTA. *A Pediatric Case Example: Application of the Guide to Physical Therapist Practice*. Section on Pediatrics, APTA. 2004. Available at: <https://pediatricapta.org/includes/fact-sheets/pdfs/GuideFactSheetCase.pdf>. Accessed: January 29, 2017.

Ones, D. S., Dilchert, S., Viswesvaran, C., & Judge, T. A. (2007). In support of personality assessment in organizational settings. *Personnel psychology*, 60(4), 995-1027.

Pretti-Frontczak, Kristie, and Diane Bricker. "Enhancing the quality of individualized education plan (IEP) goals and objectives." *Journal of Early Intervention* 23.2 (2000): 92-105.

Pfeffer, Jeffrey. Win at Workplace Conflict. Harvard Business Review. May 29, 2014. Available at: [https://hbr.org/2014/05/win-at-workplace-conflict&cm\\_sp=Article--Links--\\_Top%20of%20Page%20Recirculation](https://hbr.org/2014/05/win-at-workplace-conflict&cm_sp=Article--Links--_Top%20of%20Page%20Recirculation). Accessed: November 4, 2015.

Ray L, Holahan L. "Educational and Clinical Models of Service Delivery." UNC Department of Allied Health Sciences. Available at: <https://www.med.unc.edu/ahs/ocsci/nc-school-based-ot/documents/iep-intervention-supports/Medicalandeducmodels.doc/view>. Accessed: March 24, 2017.

Ruppar, A. L., & Gaffney, J. S. (2011). Individualized education program team decisions: A preliminary study of conversations, negotiations, and power. *Research and Practice for Persons with Severe Disabilities*, 36(1-2), 11-22.

Russell, J. E. (2008). Promoting subjective well-being at work. *Journal of Career Assessment*, 16(1), 117-131.

RichardStep Strengths and Weaknesses Aptitude Test (RSWAT). Available at: [richardstep.com/richardstep-strengths-weaknesses-aptitude-test/](http://richardstep.com/richardstep-strengths-weaknesses-aptitude-test/). Accessed: November 4, 2015.

Scruggs, T. E., Mastropieri, M. A., & McDuffie, K. A. (2007). Co-teaching in inclusive classrooms: A metasynthesis of qualitative research. *Exceptional Children*, 73(4), 392-416.

Suter, J. C., & Giangreco, M. F. (2008). Numbers that count: Exploring special education and paraprofessional service delivery in inclusion-oriented schools. *The Journal of Special Education*.

Silverman, K., Hong, S., & Trepanier-Street, M. (2010). Collaboration of teacher education and child disability health care: Transdisciplinary approach to inclusive practice for early childhood pre-service teachers. *Early Childhood Education Journal*, 37(6), 461-468.

Shinn, M. R. (2007). Identifying students at risk, monitoring performance, and determining eligibility within response to intervention: Research on educational need and benefit from academic intervention. *School Psychology Review*, 36(4), 601.

Stecker, P. M., Fuchs, D., & Fuchs, L. S. (2008). Progress Monitoring as Essential Practice Within Response to Intervention. *Rural Special Education Quarterly*, 27, 4.

Stuberg, Wayne, and Stacey L. DeJong. "Program evaluation of physical therapy as an early intervention and related service in special education." *Pediatric Physical Therapy* 19.2 (2007): 121-127.

Schieltz, Matthew. How Have Myers-Briggs Personality Tests Helped in the Workplace? Demand Media, Houston Chronicle. Available at: <http://smallbusiness.chron.com/myersbriggs-personality-tests-helped-workplace-13205.html>. Accessed: November 6, 2015.

Strengths and Weaknesses Analysis: 123 Test. Available at: <https://www.123test.com/strengths-weaknesses-analysis/>. Accessed: November 4, 2015.

Tasa, K., Sears, G. J., & Schat, A. C. (2011). Personality and teamwork behavior in context: The cross-level moderating role of collective efficacy. *Journal of Organizational Behavior*, 32(1), 65-85. Samuels, N., & Hoxsey, J. (2010). Strength-Based Assessment for Individual and Team Development. *OD PRACTITIONER*, 42(3).

Thomason, Heather K., and Mary Ann Wilmarth. "Provision of school-based physical therapy services: a survey of current practice patterns." *Pediatric Physical Therapy* 27.2 (2015): 161-169.

Vialu Carlo et al. "Physical Therapy for Educational Benefit." Subcommittee on Physical Therapy for Educational Benefit (chaired by PT) of the School-Based Physical Therapy Special Interest Group, Section on Pediatrics, APTA. 2014. Available at: <https://pediatricapta.org/includes/fact-sheets/pdfs/15%20PT%20for%20Educational%20Benefit.pdf>. Accessed: January 29, 2017.

Trepanier-Street, M. (2010). Education and medical professionals collaborating to prepare early childhood teachers for inclusive settings. *Journal of Early Childhood Teacher Education*, 31(1), 63-70.

Tysinger, P. D., Tysinger, J. A., & Diamanduros, T. (2009). Teacher expectations on the directiveness continuum in consultation. *Psychology in the Schools*, 46(4), 319-332.

VIA Institute on Character: The VIA survey. Available at: <http://www.viacharacter.org/www/The-Survey>. Accessed: November 4, 2015.

VIA Institute on Character: Character Strengths Test. Available at: <https://www.viacharacter.org/survey/account/register>. Accessed: November 4, 2015.

Which Color Personality Are You: Red, Blue, Green or Yellow? M.J. Grueso Available at: <https://general-psychology.knoji.com/which-color-personality-are-you-red-blue-green-or-yellow/>. Accessed: November 4, 2015.

Workuno Strengths Test. Available at: <http://freestrengthstest.workuno.com/free-strengths-test.html>. Accessed: November 5, 2015.

Whitehurst, Jim. 3 Ways to Encourage Smarter Teamwork. Harvard Business Review. September 7, 2015. Available at: <https://hbr.org/2015/09/3-ways-to-encourage-smarter-teamwork>. Accessed: November 4, 2015.

Win at Workplace Conflict: Available at: [https://hbr.org/2014/05/win-at-workplace-conflict&cm\\_sp=Article-\\_-Links-\\_-Top%20of%20Page%20Recirculation](https://hbr.org/2014/05/win-at-workplace-conflict&cm_sp=Article-_-Links-_-Top%20of%20Page%20Recirculation)

10 Tips to Tackle the Toughest Workplace Conflicts: Available at: <http://money.usnews.com/money/careers/articles/2012/07/18/10-tips-for-tackling-the-toughest-workplace-conflicts>

Blue Gold Green Orange  
Color Personality

Characteristic	<b><u>Blue</u></b>	<b><u>Gold</u></b>	<b><u>Green</u></b>	<b><u>Orange</u></b>
<b>Strength</b>	Authenticity	Duty	Knowledge	Skillfulness
<b>Value</b>	Compassion Sympathy Rapport	Dependability Responsibility Accountability	Answers Intelligence Explanations	Skills Grace Finesse Charisma
<b>Dislike</b>	Hypocrisy Deception Insincerity	Disobedience Non-conformity Insubordination	Injustice Unfairness	Rigidity Authority
<b>Express</b>	Vivacity Inspiration Enthusiasm	Concern Stability Purpose	Coolness Calm	Optimism Impatience Eagerness Confidence

# Blue

- *I need to feel unique and authentic*
- **Enthusiastic, Sympathetic, Personal**
- *I look for meaning and significance in life*
- **Warm, Communicative, Compassionate**
- *I need to contribute, to encourage, and to care*
- **Idealistic, Spiritual, Sincere**
- *I value integrity and unity in relationships*
- **Peaceful, Flexible, Imaginative**
- *I am a natural romantic, a poet, a nurturer*

# Blue

- **At work...**
- have a strong desire to influence others so they may lead more significant lives.
- often work in the arts, communication, education, and helping professions.
- adept at motivating and interacting with others.

# Blue

- **Leadership Style...**
- Expects others to express views
- Assumes “family spirit”
- Works to develop others’ potential
- Individuals oriented
- Democratic, unstructured approach
- Encourages change VIA human potential
- Change time allows for sense of security
- Expects people to develop their potential

# Blue

- **Symptoms of a Bad day...**
- Attention-getting misbehaving
- Lying to save face
- Withdrawal
- Fantasy, day-dreaming, and going into a trance
- Crying and depression
- Passive resistance
- Yelling and screaming

# Gold

- **GOLD**
- *I need to follow rules and respect authority*
- **Loyal, Dependable, Prepared**
- *I have a strong sense of what is right and wrong in life*
- **Thorough, Sensible, Punctual**
- *I need to be useful and belong*
- **Faithful, Stable, Organized**
- *I value home, family, and tradition*
- **Caring, Concerned, Concrete**
- *I am a natural preserver, a parent, a helper*

# Gold

- **At work...**
- provide stability and can maintain organization.
- my ability to handle details and to work hard makes me the backbone of many organizations.
- believe that work comes before play, even if I must work overtime to complete the task.

# Gold

- **Leadership Style...**
- Expects punctuality, order, loyalty
- Assumes “right” way to do things
- Seldom questions tradition
- Rules oriented
- Detailed/thorough approach - threatened by change
- Prolonged time to initiate any change
- Expects people to “play” their roles

# Gold

- **Symptoms of a Bad day...**
- Complaining and self-pity
- Anxiety and worry
- Depression and fatigue
- Psychosomatic problems
- Malicious judgments about yourself or others
- Herd mentality exhibited in blind following of leaders
- Authoritarianism and phobic reactions

# Green

- *I seek knowledge and understanding*
- ***Analytical, Global, Conceptual***
- *I live by my own standards*
- ***Cool, Calm, Collected***
- *I need explanation and answers*
- ***Inventive, Logical, Perfectionist***
- *I value intelligence, insight, fairness, and justice*
- ***Abstract, Hypothetical, Investigative***
- *I am a natural non-conformist, a visionary, a problem solver*

# Green

- **At work...**
- I am conceptual and an independent thinker. For me, work is play.
- I am drawn to constant challenge in careers, and like to develop models, explore ideas, or build systems to satisfy my need to deal with innovation.
- Once I have perfected an idea, I prefer to move on, leaving the project to be maintained and supported by others.

# Green

- **Leadership Style...**
- Expects intelligence and competence
- Assumes task relevancy
- Seeks ways to improve systems
- Visionary
- Analytical
- Encourages change for improvement
- Constantly “in process” of change
- Expects people to follow through

# Green

- **Symptoms of a Bad day...**
- Indecisiveness
- Refusal to comply or cooperate; the silent treatment
- Extreme aloofness and withdrawal
- Snobbish, put-down remarks, and sarcasm
- Perfectionism due to severe performance anxiety
- Highly critical attitudes toward yourself or others

# Orange

- *I act on a moment's notice*
- ***Witty, Charming, Spontaneous***
- *I consider life a game, here and now*
- ***Impulsive, Generous, Impactful***
- *I need fun, variety, stimulation, and excitement*
- ***Optimistic, Eager, Bold***
- *I value skill, resourcefulness, and courage*
- ***Physical, Immediate, Fraternal***
- *I am a natural trouble shooter, a performer, a competitor*

# Orange

- **At work...**
- I am bored and restless with jobs that are routine and structured.
- I am satisfied in careers that allow me independence and freedom, while utilizing my physical coordination and my love of tools.
- I view any kind of tool as an extension of myself.
- I am a natural performer.

# Orange

- **Leadership Style...**
- Expects quick action
- Works in the here and now
- Performance oriented
- Flexible approach
- Welcomes change
- Expects people to “make it fun”

# Orange

- **Symptoms of a Bad day...**
- Rudeness and defiance
- Breaking the rules intentionally
- Running away and dropping out
- Use of stimulants
- Acting out boisterously
- Lying and cheating
- Physical aggressiveness

Ray L, Holahan L. **“Educational and Clinical Models of Service Delivery.”** UNC Department of Allied Health Sciences. Available at: <https://www.med.unc.edu/ahs/ocsci/nc-school-based-ot/documents/iep-intervention-supports/Medicalandeducmodels.doc/view>. Accessed: March 24, 2017.

**Parent Form: Gathering Data for IEP Development**

Date \_\_\_\_\_

Hello \_\_\_\_\_,

We are in the IEP development process for \_\_\_\_\_. I am gathering data on the his/her strengths, emerging skills, and current challenges regarding school based gross motor/functional tasks that impact \_\_\_\_\_'s ability to access the school environment and curriculum. To plan and draft this document, I am seeking parent and student input. Please complete the attached form and/or feel free to set up a time for a phone call or meeting with me.

Thank you in advance for your time and assistance,

\_\_\_\_Name PT\_\_\_\_\_

-----  
Parent Name \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

In regards to school based gross motor/functional tasks that impact \_\_\_\_\_'s ability to access the school environment and curriculum, please provide feedback on the following:

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Emerging Skills: \_\_\_\_\_  
\_\_\_\_\_

Challenges (current and foreseen for next school year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you wish for your child to accomplish in the next year? \_\_\_\_\_  
\_\_\_\_\_

What would you like to see your child accomplish over the next one to three years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Thank you for your time! Please return this form to me via \_\_\_\_\_ by: Date \_\_\_\_\_ NAME PT**

**School Staff Form: Gathering Data for IEP Development**

Date \_\_\_\_\_

Hello \_\_\_\_\_,

We are in the IEP development process for \_\_\_\_\_. I am gathering data on the student's strengths, emerging skills, and current challenges regarding school based gross motor/functional tasks that impact \_\_\_\_\_'s ability to access the school environment and curriculum. Can you provide me with feedback on \_\_\_\_\_ when he/she is with you? Please complete the attached form and/or feel free to set up a time to meet with me.

Thank you in advance for your time and assistance,

\_\_\_\_ Name PT \_\_\_\_\_

-----  
School Staff Name \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

In regards to school based gross motor/functional tasks that impact \_\_\_\_\_'s ability to access the school environment and curriculum when he/she is with you, please provide feedback on the following:

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emerging Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Challenges (current and foreseen for next school year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

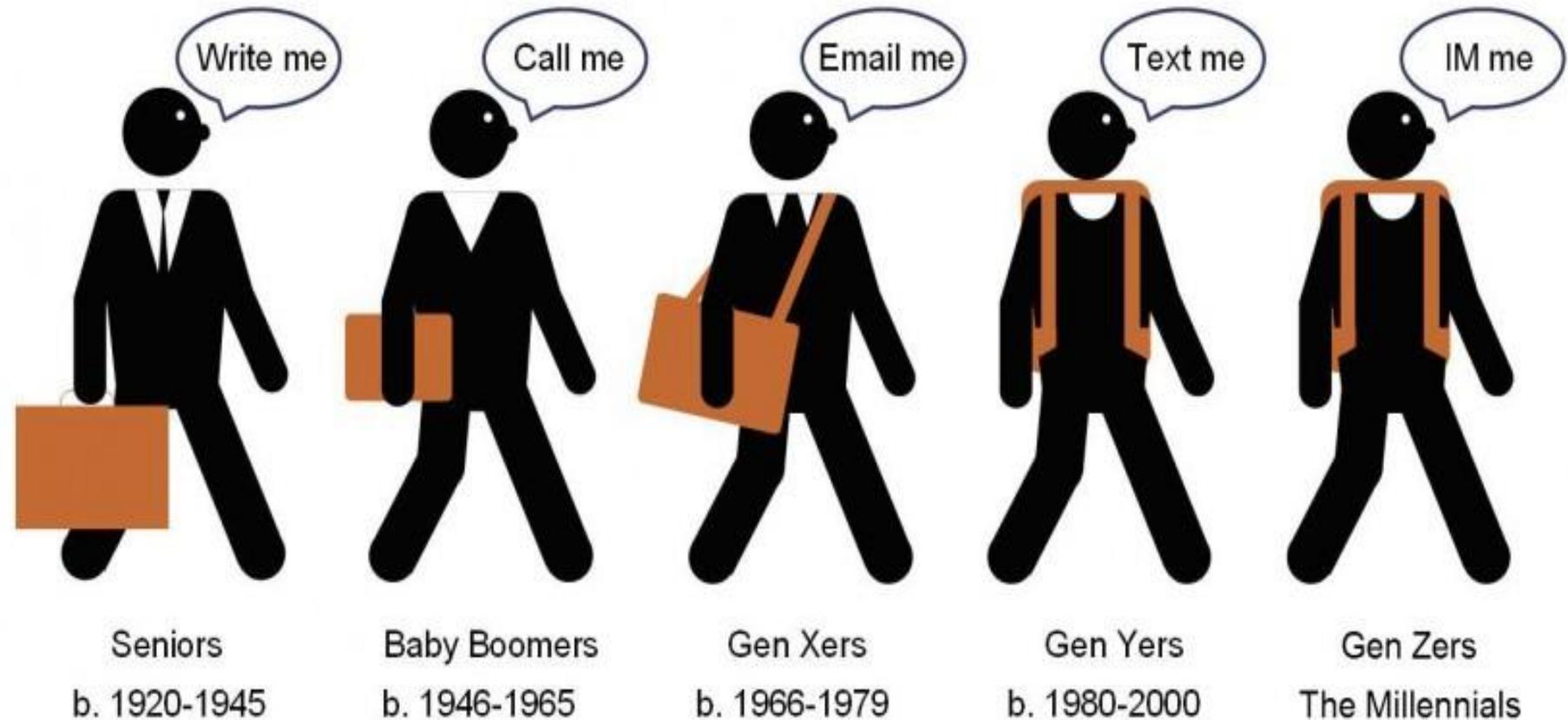
---

**Thank you for your time! Please return this form to me via \_\_\_\_\_ by: Date \_\_\_\_\_ NAME PT**

<http://blog.weareresourcecentral.com/managing-the-generational-collision/>

# Understanding generational differences

- Communication styles
- Meeting styles
- Workplace characteristics



<http://headtale.com/2016/09/13/generational-differences-chart/>

Category	Traditionalists	Baby Boomers	Generation Xers	Millennials
<b>Birth Year</b>	<b>1922-1943</b>	<b>1943-1960</b>	<b>1960-1980</b>	<b>1980-2000</b>
<b>Education Is</b>	... a dream	... a birthright	... a way to get there	... an incredible expense
<b>Attitude toward authority</b>	Honor and respect	Replace them, challenge them	Ignore leaders	Leaders must respect you
<b>Schedules</b>	Mellow	Frantic	Aimless	Volatile
<b>Career</b>	Means for living	General focus	Irritant	Always changing
<b>Technology</b>	Hope to out-live it	Master it	Enjoy it	Employ it
<b>Interactive Style</b>	Team player	Self-absorbed	Entrepreneur	Team player
<b>Work Is</b>	... an obligation	... an exciting adventure	... a difficult challenge	... a means to an end
<b>Characteristics</b>	Veterans, structured, loyal, follows rules, individual	Question authority, driven, optimistic, efficient, team player	Latch-key kids, do it my way, survivors, self-reliant, independent	Asks why, structured, supportive, creative, team participant
<b>Message That Motivates</b>	"Your experience is respected."	"You're important to our success."	"Do it your way."	"You and your coworkers can turn this place around."

<http://blueprintforaging.org/intergenerational-workforce/>

*Table 1: Overview of Characteristics for Each Generation*

	<b>Traditionalists</b>	<b>Baby Boomers</b>	<b>Generation X</b>	<b>Millennials</b>
<b>Major Trait</b>	Loyalty	Competition	Self-reliance	Immediacy
<b>Broad Traits</b>	Sacrifice, loyalty, discipline, respect for authority	Competitive, long work hours	Eclecticism, self-reliance, free agents, work/life balance, independence	Community service, cyberliteracy, tolerance, diversity, confidence
<b>Influential Events</b>	Great Depression, World War II, Cold War, Korean War, suburban sprawl begins, first satellite launches	Watergate, women's rights, JFK assassination, civil rights and Martin Luther King Jr., Vietnam War, man walks on the moon	MTV, AIDS, Gulf War, 1987 stock market crash, fall of communism/Berlin Wall, Challenger shuttle explodes	Internet, social media, 9/11 terrorist attack, deaths of Princess Diana and Mother Teresa
<b>Defining Invention</b>	Fax machine, radio	Personal computer, television	Mobile phone, Walkman, computer	Internet, smart phones (text messaging), social media, instant messaging
<b>Family</b>	Traditional, nuclear	Disintegrating	Latchkey kids, high divorce rate	Blended families
<b>Education</b>	A dream	A birthright	A way to get there	An incredible expense
<b>Money</b>	Put it away, pay cash	Buy now, pay later	Cautious, conservative, save, save, save	Earn to spend

Source: Adapted from a compilation by "Future Workplace" found in *The 2020 Workplace* by Meister, J. and Willyerd, K., 2010. New York: HarperCollins. Copyright 2010 by Jeanne C. Meister and Karie Willyerd.

<http://blueprintforaging.org/intergenerational-workforce/>

<b>Older workers can teach Younger workers about:</b>	<b>Younger workers can teach Older workers about:</b>
<ul style="list-style-type: none"><li>• <b>Hard Times</b></li><li>• <b>Loyalty</b></li><li>• <b>Experience</b></li><li>• <b>Interpersonal Skills</b></li><li>• <b>Regrets</b></li><li>• <b>Independence</b></li></ul>	<ul style="list-style-type: none"><li>• <b>New Technology</b></li><li>• <b>Diversity</b></li><li>• <b>Job-Hopping</b></li><li>• <b>Risk Taking</b></li><li>• <b>Balancing Work/Life Issues</b></li><li>• <b>Fulfilling Dreams</b></li></ul>

*Source: What Older Workers and Younger Workers Can Learn from Each Other by Dan Woog, Monster Contributing Editor*

## PERSONAL AND LIFESTYLE CHARACTERISTICS BY GENERATION

	Veterans (1922–1945)	Baby Boomers (1946–1964)	Generation X (1965–1980)	Generation Y (1981–2000)
<b>Core Values</b>	Respect for authority Conformers Discipline	Optimism Involvement	Skepticism Fun Informality	Realism Confidence Extreme fun Social
<b>Family</b>	Traditional Nuclear	Disintegrating	Latch-key kids	Merged families
<b>Education</b>	A dream	A birthright	A way to get there	An incredible expense
<b>Communication Media</b>	Rotary phones One-on-one Write a memo	Touch-tone phones Call me anytime	Cell phones Call me only at work	Internet Picture phones E-mail
<b>Dealing with Money</b>	Put it away Pay cash	Buy now, pay later	Cautious Conservative Save, save, save	Earn to spend

<b>WORKPLACE CHARACTERISTICS</b>				
	<b>Veterans (1922–1945)</b>	<b>Baby Boomers (1946–1964)</b>	<b>Generation X (1965–1980)</b>	<b>Generation Y (1981–2000)</b>
<b>Work Ethic and Values</b>	Hard work Respect authority Sacrifice Duty before fun Adhere to rules	Workaholics Work efficiently Crusading causes Personal fulfillment Desire quality Question authority	Eliminate the task Self-reliance Want structure and direction Skeptical	What's next Multitasking Tenacity Entrepreneurial Tolerant Goal oriented
<b>Work Is ...</b>	An obligation	An exciting adventure	A difficult challenge A contract	A means to an end Fulfillment
<b>Leadership Style</b>	Directive Command-and-control	Consensual Collegial	Everyone is the same Challenge others Ask why	*TBD
<b>Interactive Style</b>	Individual	Team player Loves to have meetings	Entrepreneur	Participative
<b>Communications</b>	Formal Memo	In person	Direct Immediate	E-mail Voice mail
<b>Feedback and Rewards</b>	No news is good news Satisfaction in a job well done	Don't appreciate it Money Title recognition	Sorry to interrupt, but how am I doing? Freedom is the best reward	Whenever I want it, at the push of a button Meaningful work
<b>Messages That Motivate</b>	Your experience is respected	You are valued You are needed	Do it your way Forget the rules	You will work with other bright, creative people
<b>Work and Family Life</b>	Ne'er the twain shall meet	No balance Work to live	Balance	Balance

\*As this group has not spent much time in the workforce, this characteristic has yet to be determined.

# DEFINING WORK CHARACTERISTICS

<http://www.apa.org/monitor/jun05/stereotypes.aspx>

## **Traditionalists** (1925 to 1945)

- Practical
- Patient, loyal and hardworking
- Respectful of authority
- Rule followers

## **Baby boomers** (1946 to 1960)

- Optimistic
- Teamwork and cooperation
- Ambitious
- Workaholic

## **Generation X** (1961 to 1980)

- Skeptical
- Self-reliant
- Risk-taking
- Balances work and personal life

## **Millennials** (1981 to present)

- Hopeful
- Meaningful work
- Diversity and change valued
- Technology savvy

Chart 1: An overview of the working generations

Characteristics	Maturists (pre-1945)	Baby Boomers (1945-1960)	Generation X (1961-1980)	Generation Y (1981-1995)	Generation Z (Born after 1995)
Formative experiences	Second World War Rationing Fixed-gender roles Rock 'n' Roll Nuclear families Defined gender roles — particularly for women	Cold War Post-War boom "Swinging Sixties" Apollo Moon landings Youth culture Woodstock Family-orientated Rise of the teenager	End of Cold War Fall of Berlin Wall Reagan / Corbachev Thatcherism Live Aid Introduction of first PC Early mobile technology Latch-key kids; rising levels of divorce	9/11 terrorist attacks PlayStation Social media Invasion of Iraq Reality TV Google Earth Clastonbury	Economic downturn Global warming Global focus Mobile devices Energy crisis Arab Spring Produce own media Cloud computing Wiki-leaks
Percentage in U.K. workforce*	3%	33%	35%	29%	Currently employed in either part-time jobs or new apprenticeships
Aspiration	Home ownership	Job security	Work-life balance	Freedom and flexibility	Security and stability
Attitude toward technology	Largely disengaged	Early information technology (IT) adaptors	Digital Immigrants	Digital Natives	"Technoholics" — entirely dependent on IT; limited grasp of alternatives
Attitude toward career	Jobs are for life	Organisational — careers are defined by employers	Early "portfolio" careers — loyal to profession, not necessarily to employer	Digital entrepreneurs — work "with" organisations not "for"	Career multitaskers — will move seamlessly between organisations and "pop-up" businesses
Signature product	 Automobile	 Television	 Personal Computer	 Tablet/Smart Phone	Google glass, graphene, nano-computing, 3-D printing, driverless cars
Communication media	 Formal letter	 Telephone	 E-mail and text message	 Text or social media	 Hand-held (or integrated into clothing) communication devices
Communication preference	 Face-to-face	 Face-to-face ideally, but telephone or email if required	 Text messaging or e-mail	 Online and mobile (text messaging)	 Facetime
Preference when making financial decisions	 Face-to-face meetings	 Face-to-face ideally, but increasingly will go online	 Online — would prefer face-to-face if time permitting	 Face-to-face	 Solutions will be digitally crowd-sourced

## Guidance for Use of Group Intervention

**Guidance for Use of Group Intervention. UNC Department of Allied Health Sciences. Available at:**  
<https://www.med.unc.edu/ahs/ocsci/nc-school-based-ot/documents/iep-intervention-supports/Guidance%20for%20use%20of%20Group%20Intervention.doc/view>. Accessed: March 24, 2017.

**Least Restrictive Environment:** School based OTs and PTs use a variety of service delivery models. i.e.:

- Direct one-on-one student (1:1) intervention
- group intervention,
- consultation
- training with adults in the child's environment
- activity/environmental adaptations and modifications

IDEA mandates that related services must support the student's IEP by addressing necessary skills in the least restrictive environment, i.e. in the general education curriculum to the maximum extent possible

Models of service delivery used with students are selected through collaboration with other members of the individualized education program (IEP) team.

- Teams should prioritize improving a student's performance in the school environment versus discrete skills training or on how a student performs in a therapy room.
- Thus the 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.
- Recommended practice emphasizes using a flexible combination of service delivery models, which may combine the frequency and intensity of different options based on student need.

### **Need Drives Service Type**

Group service delivery is used in schools when the students involved benefit from the intervention with other students present.

Examples of how some students might benefit from group service include, but are not limited to:

- the child is a strong visual learner & demonstrates ability/emerging ability to use peers as models
- the child is working on skills requiring the presence of peers, e.g. social skills, coping/self-monitoring skills, following classroom and campus rules and routines, play skills, communication
- the child needs greater access to Standard Course of Study
- the child demonstrates limited ability to transfer learned skills/concepts across settings
- the classroom staff needs training in how to engage students in group instruction

### **References:**

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. 108-446, 20 U.S.C. § 1400 *et seq.*

OT Practice (Sept, 2002). School-Based Practice Moving Beyond 1:1 Service Delivery. Edited by Yvonne Swinth and Barbara Hanft.

Policies Governing Services for Children with Disabilities, 2007. North Carolina Department of Public Instruction.

# Integrating Therapy into the Classroom

R. A. McWilliam  
Stacy Scott

## Findings from research:

- Over time, families who were given a choice between in-class and out-of-class models of service delivery (therapy) preferred in-class models.
- Across disciplines, therapists believe therapies ideally would be provided in a more integrated manner than they typically are.
- When therapy is provided in the classroom, teachers and specialists consult with each other four times as much as they do when therapy is provided out of class.
- Across disciplines, children generalize more following in-class than out-of-class therapy.

## Ten Really Good Reasons Why Therapies Should Be Integrated

1. So that children learn the skills they need in the places they will use them.
2. So that children have increased practice opportunities.
3. So that children's social relationships are fostered.
4. So that a child does not miss out on any classroom activities.
5. So that teachers can see what therapists do to help kids and expand their skills.
6. So that therapists can see whether or not the strategies they develop are feasible.
7. So that teachers and therapists focus on skills that will be immediately useful for a child.
8. So that therapists can work with teachers to address problems as they arise.
9. So that assessment can be done across a variety of routines.
10. Because it's the right thing to do!

## Inside this issue:

What is Your Consultative Style?	2
The Continuum of Service Delivery Models	2
Integrating Special Education	3
Integrating Occupational Therapy	3
Integrating Speech/Language Pathology	4
Integrating Physical Therapy	4
Talking With Families About Integrated Therapy	5
A Teacher's Perspective	6

## Therapy Ain't Tennis Lessons

It's funny to think about how therapy has been provided much like tennis lessons in the past— a student works with a professional for an hour each week on specific skills. The hour of instruction is up to the professional, but practice between lessons is the student's responsibility. Tennis lessons alone will not make someone a better player, it's the practice between the lessons that makes a difference.

When it comes to therapy, a child with special needs probably will not be able to generalize the skills he works on with a specialist during therapy time to other times and places where he or she needs the skills. Specialists need to plan for a child

to have opportunities to practice skills outside of therapy time in order for the child to make efficient progress. Here are 3 things specialists can do to ensure that children have ample practice opportunities:

### 1. Use routines-based assessment to identify functional skills.

Find out what the child needs to learn to be successful in their daily routines and make those skills the goals. Many times, specialists focus on prerequisite skills, or things that are not directly related to what a child does everyday. That definitely makes it much harder to identify times when the child can practice outside of therapy ses-

sions.

### 2. Incorporate consultation into therapy time.

Talk with other adults who spend time with the child (i.e., teachers and family members) before, while, or after you work with the child. It is important for teachers to know what the specialists are working on with the child so they can address those things outside of therapy time. It is also important for specialists to get feedback from the child's teacher on their suggestions. If a specialist's suggestions are not practical or are irrelevant, they are likely to be disregarded.

(Continued on page 5)

## What is Your Consultative Style?

A critical component of integrated therapy is consultation, or the communication between adults about a child they work with. There are basically two types of consultative styles among professionals: expert and collaborative.

The “expert” style of consultation involves the specialist independently (a) assessing a child to identify needs, (b) recom-

mending strategies or solutions to others, and (c) evaluating whether needs have been met.

The “collaborative” model of consultation involves the specialist, teacher, and family identifying needs, developing solutions, and evaluating progress together.

As you probably guessed, collaborative consultation lends itself to integrated therapy. It

would be very difficult for a specialist to identify functional goals for a child and feasible strategies for a teacher to implement without ever getting input from the teacher. Even when a specialist works with a child outside of the classroom, collaborative consultation makes it possible for interventions to be integrated into the classroom.

## The Continuum of Service Delivery Models

Although therapy that is provided in-class may be considered integrated, location is just one of several factors that determines the “integratedness” of therapy. Other dimensions of therapy include (a) presence of peers, (b) context of intervention, (c) initiation, (d) functionality of skills, and (e) consultation. Manipulation of these variables determines how segregated or integrated the therapy is.

	Model	Location	Therapy Focus	Peers	Context	Initiator
	Individual Pull-Out	Away from the regular class	Directly on child functioning	Not present	Different from the rest of the class	Specialist
	Small Group Pull-Out	Away from the regular class	Directly on functioning by child(ren) with special needs	One to six peers present	Different from the rest of the class	Specialist
	One-on-One in Classroom	In the classroom, but away from the rest of the class	Directly on child functioning	Not involved in therapy	Different from the rest of the class	Specialist
	Group Activity	In the classroom, small or large group	On all children in group an on peer interactions, emphasis on meeting special needs of children	All or some of peers present	Within the context of the class	Specialist
	Individual During Routine	In the classroom, wherever the focal child is	Directly but not exclusively on the focal child	Usually present	Within the context of the class	Child
	Consultation	In or out of the classroom	Teacher, as related to the needs of the child; can vary from expert to collaborative style	Present, if occurring in class	May occur within or outside of the context of the class	Teacher or specialist

This continuum serves as a tool for professionals who want to provide more integrated services to children. A therapist can identify the model typically used with a child and move up the continuum. The individual during routine model is a good goal for professionals. It enables assessment in context, skills being taught in context, opportunities for demonstration and trying out new strategies, and peer involvement.

Adapted from McWilliam, R. A. (1995). Integration of therapy and consultative special education: A continuum in early intervention. *Infants and Young Children*, 7(4), 29-38.

## Integrating Special Education

By Sarah Hurwitz

I love to take advantage of the great teaching moments that occur in the integrated classroom. There are so many times when a child with special needs can be motivated to learn new things by their desire to copy/interact with peers or by their interest in a classroom activity or toy. I generally use activities that the child is interested in and structure my intervention activity around them. For example, if a child is interested in trucks, use the ladder of a fire truck and a toy firefighter for teaching “up” and “down” or if a child loves painting, have the child request the color that he wants next therefore incorporating requesting and learning colors in one activity. I use classroom routines as an opportunity to work on specific goals in a directed way.

By spending time in the classroom playing with and observing a target child, areas of need become obvious. For example, perhaps a teacher is encouraging a child with special needs to participate in circle-time dancing activities. She may be doing a good job using hand over hand assistance to help him with the body motions that accompany the song, but the child does not seem to me to be able to follow along independently. I would likely discuss my impressions with the teacher, see if she concurs and then think of some ways to work on the skill.

If we agree that this is an area that the child needs help, during free play I might bring over a couple of other children and play a basic imitation game (e.g. Simon Says or Follow the Leader). Once the child grasps the idea of imitat-

ing an adult's actions, I would let one of the other children lead the activity. I would prompt the child as needed and play the game in a small group until the child seemed to really understand what to do.

The teacher(s), who will have been watching what I am doing as they work with other children, are able to see me go through the steps so that they can do them too. They are key to carrying over the intervention that we have been discussing. The teachers practice the new skill with the child throughout the week so that acquisition can come more quickly. This is a process in which the teachers and I update one another on progress and eliminate what we do not like and try new ideas which might work better.

Once the child seems able to imitate during free play

activities, the teacher could make a large group circle time activity where the same games are repeated with the whole class. I might assist the teacher on these days if she feels like it will be helpful. Finally we would set the games to music and remind the child to follow along with the actions of the teachers and other children in the class, thus returning to the situation that first sparked the need for this intervention, circle-time dance movements. The teachers and I can help children learn all kinds of new activities in this way: first by identifying a need, breaking the skill down into it's component parts, teaching each step until we have reached the final one that addresses the original goal.

## Integrating Occupational Therapy

By Linn Wakeford, M.S., OTR/L

As an occupational therapist working with young children, I am concerned about their engagement in the childhood occupations of play and self-care. Regular classroom routines support these occupations consistently. That makes it easy to work within those routines to enhance skill development when appropriate, and offer adaptations or modifications that enhance the child's performance.

By assisting the child initially in their classroom routines, I become aware of the process and environment in which they are really trying to perform. That makes it easier for me to talk with teachers about strategies that are reasonable and effective for carryover of the intervention.

Also, when I work within classroom contexts, I can use peer supports and models, which can increase the child's motivation significantly. For instance, intervention focused on helping a child be more independent in dressing can be designed around activities such as dress-up, putting on a jacket or sweater to go outside, putting on a smock for painting, pulling pants up and down at diaper changes or toileting routines, undressing/dressing for water play days, taking shoes off/on before and after naptime, etc. I can also plan with the teacher how to use group games and other classroom activities to support our dressing goals. This planning with teachers is important. I need to hear their perspectives, comments and questions, offer ideas and

strategies, and collaborate about how to implement the strategies we decide to try. Scheduling regular times to meet with teachers to review goals and intervention strategies, as well as talking with them while I am implementing the strategies myself, are two key means by which I am able to communicate with teachers.

Working within classroom routines supports my intervention by allowing me to have a realistic perspective of the contexts in which the child is performing, giving me more opportunities to consult with teachers, increasing the chances of repetition and practice, and providing extra sources of motivation for the child to participate in whatever play and self-care routines have been identified.

*“By assisting the child initially in their classroom routines, I become aware of the process and environment in which they are really trying to perform”*

## Integrating Speech/Language Pathology

By Kathy Davis, M.A., ccc-sp

As a speech Language pathologist who works with young children, I love nothing better than joining a young child in play to engage in interaction. I love the challenge of turning a child's interests in play into goal achieving communication interactions. With the right timing, prompts, and motivation, the child tries new behaviors or uses established behaviors more often than usual. I feel successful because the child has been successful, at least for that brief moment in time. Maybe the child has learned something he or she can use at another time.

But, what we actually know about learning is that in order to really learn and change, children need intervention around

the clock in a variety of daily routines, in a variety of settings, with a variety of people who are important to them. So, in order to actually be successful, I have to talk with the child's teacher about my interactions. Here is why.

*I need to know* about the child's needs and successes in everyday settings, what and who the child likes, and what and who the other children in the classroom like. In what routines of the day does the child need the most communication skills to participate?

*I need to share* with the teacher the contexts and strategies that have been successful. *I need to brainstorm with the teacher* about other strategies that might work for other contexts and about the adaptations

that might be needed.

*I need to support the teacher* with materials that will facilitate intervention in the classroom. *I need to use materials* that work in the classroom context. I need to support the teachers to develop their own strategies and interventions. *I need to hear what is working* in the day to day environment from the teachers and parents.

When those things and more are done, then the child will have the most chance of learning and being successful every day, all day.

## Integrating Physical Therapy

By Margie Muenzer, M.S., PT

This model for physical therapy (a model that coordinates treatment strategies with classroom routines) requires flexibility in scheduling as well as collaboration with the teacher to learn when specific activities will be taking place. Once I know the classroom schedule, I can plan to be available on the playground to work with a child on gross motor play skills or choose instead to join a child in the classroom.

For example, I may join a child during circle time to facilitate sitting balance or join free play to work on pulling to a stand at the toy shelves in the classroom. During these times, I am

also modeling activities for the teacher to continue during the week. In this way, the child is practicing the skills he or she needs both with the materials regularly in the classroom or on the playground and during the routines in which they generally occur.

During team planning, or whenever I am in the classroom and the teacher has a moment, the teacher and I can discuss adding materials or activities to optimize the opportunities to embed interventions. For example, the teacher of the toddlers and I might decide to make riding toys available in the hallway for increased practice time for the targeted child, or the

teacher and I might come up with some new songs that encourage jumping to add to that week's music time.

I often need to make physical adaptations to the classroom or playground equipment for a child with limited motor control, so that he or she can participate successfully in the same routines as his or her classmates. The classroom teacher often helps me determine where additional adaptations would be most helpful.

This integrated approach to physical therapy helps focus my attention on increasing each child's level of independence, engagement, and social play in the preschool setting.

## Therapy Ain't Tennis Lessons, cont.

*(Continued from page 1)*

### 3. Provide therapy in the classroom.

Studies have shown that teachers and specialists consult with one another four times more when specialists work with chil-

dren in class versus out-of-class. Teachers are able to see what the specialist does with a child and specialists have the opportunity to assess children in context and to address situations when and where they arise.

By identifying functional skills, talking with other caregivers, and being in the classroom, specialists can ensure that meaningful intervention occurs between therapy sessions.

## Talking with Families About Integrated Therapy

1. Ask the family about previous experiences.

When talking with families about how therapies will be provided, it is important for professionals to first understand the families past experiences and concerns with the provision of therapy. Families who are used to therapy being provided in an isolated manner are likely to be skeptical of integrated approaches.

2. Ask the family what they want their child to get out of therapy.

Sometimes families are caught up in the mindset that more therapy is better and don't really focus on a specific goal or purpose for the therapy, or how the therapy is going to improve daily life. By asking this question, professionals can help the family focus on the goal, not the therapy. For example, a family may want their child, Anne, to receive regular speech therapy so that she child can communicate better. The next question

the professional asks is "When is communication a problem for Anne?" This ties the concern to daily routines or specific times of the day when the child needs the skill.

3. Tell the family that when therapy is integrated their child has the opportunity to learn skills when and where the skills are needed.

Back to the previous example, the parents might say that communication is especially a problem for Anne at mealtimes because she can't tell them what she wants. The best time to work on communication then would be at mealtimes, not in a therapy room. When children learn a task in one situation or setting (therapy room) the child has the extra task of transferring that skill to other situations (home and classroom). Therapy is most effective when provided in context.

4. "Do the math" with the family.

By integrating therapy into the classroom, Anne's teacher can see how the therapist works with Anne and implement those same strategies into the rest of the week when the therapist is not present. Let's say Anne receives 60 minutes of speech therapy a week. If the teacher is able to work with Anne on communicating her wants for 10 minutes out of every hour, and Anne is at daycare for 8 hours a day, five days a week (10 x 8 x 5), then Anne is actually getting an additional 400 minutes each week of intervention.

5. Inform the family about the models of service delivery.

Use the continuum (page 4) to show the family the range of options they have. Discuss the pros and cons of each model so that parents can make an informed decision about how services are provided. Whatever decision the family makes, it is important for professionals to honor that decision: this is their child.

Frank Porter Graham Child Development Center  
 UNC-CH, CB# 8180  
 Chapel Hill, NC 27599-8180  
 Phone: 919-966-5943  
 Fax: 919-966-7532  
 Email: Stacy\_Scott@unc.edu

## Individualizing Inclusion in Child Care

**Project Director: Robin McWilliam, Ph.D.**  
**Project Coordinator: Stacy Scott**

[Http://www.fpg.unc.edu/~inclusion](http://www.fpg.unc.edu/~inclusion)

*Individualizing Inclusion in Child Care is a model demonstration project, Grant No. H324M980207, funded by the U.S. Department of Education, Office of Special Education Programs. The project's model is based on three interrelated components: routines-based assessment for functional intervention planning, integrated therapy, and embedded intervention. The model is being implemented at the Frank Porter Graham Child Care Program in Chapel Hill, NC. Model replication sites are currently being recruited.*



## A Teacher's Perspective

By Sherri Marlette

Communication between teachers and therapists is a significant factor when using an integrated therapy model. In my classroom, all the teachers are "therapists." We are with the children on a daily basis and must learn and develop strategies to address the child's goals throughout the routines of the day.

The classroom environment should provide children with opportunities to accomplish specific skills in the absence of therapists. In order for this to occur, teachers and therapists must have an effective working relationship that is collaborative. The teachers in my classroom meet with therapists regularly as a team to discuss tar-

geted skills and to develop strategies to implement in the classroom. During these meetings, I feel it is important for all team members to be involved especially classroom assistants. All members of a collaborative team offer different perspectives and contribute to the development of strategies that will benefit the child, family, and classroom teachers.

Therapists coming into the classroom should follow the lead of the individual children and the class as a whole. If the goals are functional and attached to routines, any activity or toy in the classroom can be used to address specific developmental skills. Therapists coming into the classroom have ideas or plans for meeting the children's IFSP or IEP goals,

but part of their responsibility is to be flexible and support the teachers as they work to include children in the classroom. I have a good working relationship with our therapists and feel that I can approach them at any time and they will do what is possible to help. This could include observing in the classroom to collect a language sample to joining us on a field trip to the library.

When therapists come in to work with the children, I want to know that they are there to help support the assistants and I in doing our job. I see the therapists as an important addition to our classroom. In our classroom, one might see a therapist modeling specific strategies, gathering materials to implement a new play scenario, or

simply joining us at play. They come in and interact with all the children, not just those with special needs. By integrating therapies into the classroom, therapists have opportunities to discuss specific needs, develop a perspective of a child, and work with the teachers in the context of the classroom; and teachers have opportunities to learn how to better meet the needs of children with disabilities.

# MBTI Charts

# PERSONALITY TYPES KEY



## Extroverts

are energized by people, enjoy a variety of tasks, a quick pace, and are good at multitasking.



## Introverts

often like working alone or in small groups, prefer a more deliberate pace, and like to focus on one task at a time.



## Sensors

are realistic people who like to focus on the facts and details, and apply common sense and past experience to come up with practical solutions to problems.



## Intuitives

prefer to focus on possibilities and the big picture, easily see patterns, value innovation, and seek creative solutions to problems.



## Thinkers

tend to make decisions using logical analysis, objectively weigh pros and cons, and value honesty, consistency, and fairness.



## Judgers

tend to be organized and prepared, like to make and stick to plans, and are comfortable following most rules.



## Feelers

tend to be sensitive and cooperative, and decide based on their own personal values and how others will be affected by their actions.



## Perceivers

prefer to keep their options open, like to be able to act spontaneously, and like to be flexible with making plans.

[https://www.tutorialspoint.com/individual\\_and\\_group\\_behavior/myers\\_briggs\\_types\\_indicator.htm](https://www.tutorialspoint.com/individual_and_group_behavior/myers_briggs_types_indicator.htm)  
<http://www.healthyfoodelements.com/find-true-love-according-myers-briggs-personality-type/>

PERSONALITY COMBINATIONS			
<b>ISTJ</b> Doing what should be done	<b>ISFJ</b> A huge sense of duty	<b>INFJ</b> An inspiration to others	<b>INTJ</b> Everything has room for improvement
<b>ISTP</b> Ready to try anything once	<b>ISFP</b> Sees much but shares little	<b>INFP</b> Performing noble service to aid society	<b>INTP</b> A love of problem solving
<b>ESTP</b> The ultimate realist	<b>ESFP</b> You only go around once in life	<b>ENFP</b> Giving life an extra squeeze	<b>ENTP</b> One exciting challenge after another
<b>ESTJ</b> Life's administrators	<b>ESFJ</b> Hosts and hostesses of the world	<b>ENFJ</b> Smooth talking persuader	<b>ENTJ</b> Life's natural leaders

## ISTJ

Responsible, sincere, analytical, reserved, realistic, systematic. Hardworking and trustworthy with sound practical judgment.

## ISFJ

Warm, considerate, gentle, responsible, pragmatic, thorough. Devoted caretakers who enjoy being helpful to others.

## INFJ

Idealistic, organized, insightful, dependable, compassionate, gentle. Seek harmony and cooperation, enjoy intellectual stimulation.

## INTJ

Innovative, independent, strategic, logical, reserved, insightful. Driven by their own original ideas to achieve improvements.

## ISTP

Action-oriented, logical, analytical, spontaneous, reserved, independent. Enjoy adventure, skilled at understanding how mechanical things work.

## ISFP

Gentle, sensitive, nurturing, helpful, flexible, realistic. Seek to create a personal environment that is both beautiful and practical.

## INFP

Sensitive, creative, idealistic, perceptive, caring, loyal. Value inner harmony and personal growth, focus on dreams and possibilities.

## INTP

Intellectual, logical, precise, reserved, flexible, imaginative. Original thinkers who enjoy speculation and creative problem solving.

## ESTP

Outgoing, realistic, action-oriented, curious, versatile, spontaneous. Pragmatic problem solvers and skillful negotiators.

## ESFP

Playful, enthusiastic, friendly, spontaneous, tactful, flexible. Have strong common sense, enjoy helping people in tangible ways.

## ENFP

Enthusiastic, creative, spontaneous, optimistic, supportive, playful. Value inspiration, enjoy starting new projects, see potential in others.

## ENTP

Inventive, enthusiastic, strategic, enterprising, inquisitive, versatile. Enjoy new ideas and challenges, value inspiration.

## ESTJ

Efficient, outgoing, analytical, systematic, dependable, realistic. Like to run the show and get things done in an orderly fashion.

## ESFJ

Friendly, outgoing, reliable, conscientious, organized, practical. Seek to be helpful and please others, enjoy being active and productive.

## ENFJ

Caring, enthusiastic, idealistic, organized, diplomatic, responsible. Skilled communicators who value connection with people.

## ENTJ

Strategic, logical, efficient, outgoing, ambitious, independent. Effective organizers of people and long-range planners.

<p><b>ISTJ</b></p> <p><b>"DOING WHAT SHOULD BE DONE"</b></p> <p>Organizer • Compulsive Private • Trustworthy Rules 'n Regs • Practical</p> <p><b>MOST RESPONSIBLE</b></p>	<p><b>ISFJ</b></p> <p><b>"A HIGH SENSE OF DUTY"</b></p> <p>Amiable • Works Behind the Scenes Ready to Sacrifice • Accountable Prefers "Doing"</p> <p><b>MOST LOYAL</b></p>	<p><b>INFJ</b></p> <p><b>"AN INSPIRATION TO OTHERS"</b></p> <p>Reflective/Introspective Quietly Caring • Creative Linguistically Gifted • Psychic</p> <p><b>MOST CONTEMPLATIVE</b></p>	<p><b>INTJ</b></p> <p><b>"EVERYTHING HAS ROOM FOR IMPROVEMENT"</b></p> <p>Theory Based • Skeptical • "My Way" High Need for Competency Sees World as Chessboard</p> <p><b>MOST INDEPENDENT</b></p>
<p><b>ISTP</b></p> <p><b>"READY TO TRY ANYTHING ONCE"</b></p> <p>Very Observant • Cool and Aloof Hands-on Practicality • Unpretentious Ready for what Happens</p> <p><b>MOST PRAGMATIC</b></p>	<p><b>ISFP</b></p> <p><b>"SEES MUCH BUT SHARES LITTLE"</b></p> <p>Warm and Sensitive • Unassuming Short Range Planner • Good Team Member In Touch with Self and Nature</p> <p><b>MOST ARTISTIC</b></p>	<p><b>INFP</b></p> <p><b>"PERFORMING NOBLE SERVICE TO AID SOCIETY"</b></p> <p>Strict Personal Values Seeks Inner Order/Peace Creative • Non-Directive • Reserved</p> <p><b>MOST IDEALISTIC</b></p>	<p><b>INTP</b></p> <p><b>"A LOVE OF PROBLEM SOLVING"</b></p> <p>Challenges others to Think Absent-minded Professor Competency Needs • Socially Cautious</p> <p><b>MOST CONCEPTUAL</b></p>
<p><b>ESTP</b></p> <p><b>"THE ULTIMATE REALIST"</b></p> <p>Unconventional Approach • Fun Gregarious • Lives for Here and Now Good at Problem Solving</p> <p><b>MOST SPONTANEOUS</b></p>	<p><b>ESFP</b></p> <p><b>"YOU ONLY GO AROUND ONCE IN LIFE"</b></p> <p>Sociable • Spontaneous Loves Surprises • Cuts Red Tape Juggles Multiple Projects/Events Quip Master</p> <p><b>MOST GENEROUS</b></p>	<p><b>ENFP</b></p> <p><b>"GIVING LIFE AN EXTRA SQUEEZE"</b></p> <p>People Oriented • Creative Seeks Harmony • Life of Party More Starts than Finishes</p> <p><b>MOST OPTIMISTIC</b></p>	<p><b>ENTP</b></p> <p><b>"ONE EXCITING CHALLENGE AFTER ANOTHER"</b></p> <p>Argues Both Sides of a Point to Learn Brinkmanship • Tests the Limits Enthusiastic • New Ideas</p> <p><b>MOST INVENTIVE</b></p>
<p><b>ESTJ</b></p> <p><b>"LIFE'S ADMINISTRATORS"</b></p> <p>Order and Structure • Sociable Opinionated • Results Driven Producer • Traditional</p> <p><b>MOST HARD CHARGING</b></p>	<p><b>ESFJ</b></p> <p><b>"HOST AND HOSTESSES OF THE WORLD"</b></p> <p>Gracious • Good Interpersonal Skills Thoughtful • Appropriate Eager to Please</p> <p><b>MOST HARMONIZING</b></p>	<p><b>ENFJ</b></p> <p><b>"SMOOTH TALKING PERSUADER"</b></p> <p>Charismatic • Compassionate Possibilities for People Ignores the Unpleasant • Idealistic</p> <p><b>MOST PERSUASIVE</b></p>	<p><b>ENTJ</b></p> <p><b>"LIFE'S NATURAL LEADERS"</b></p> <p>Visionary • Gregarious • Argumentative Systems Planners • Take Charge Low Tolerance for Incompetency</p> <p><b>MOST COMMANDING</b></p>

# 10 Myers-Briggs Type Charts: Pop Culture Characters

<http://mentalfloss.com/article/65218/10-myers-briggs-type-charts-pop-culture-characters>

- Game of Thrones
- Lord of the Rings
- Harry Potter
- Grey's Anatomy
- Star Wars

My Little Pony

The Walking Dead

Disney Princesses

Marvel Comics

Star Trek

- \*\*Search for yourself: A large variety of charts are out there from movies, TV shows, cartoons, comics, movie villains, Presidents, etc

Date	Team Members	Purpose of Meeting	Summary of Discussion	Plan	Delegation of Responsibilities within Plan	Due Date/Revisit Date



# Red Yellow Green Blue Color Personality

<u>RED</u>	<u>YELLOW</u>
<ul style="list-style-type: none"> <li>• Task and result oriented, likes recognition, likes to be on the move, doesn't like to be late, enjoys individual sports (golf, tennis, track, piano, individual dance, etc.)</li> <li>• Likes expensive showy things, generally honest, but their moral compass might deviate during a competitive showdown.</li> <li>• Red personality types tend to make good leaders.</li> <li>• They love leadership roles and enjoy "managing" people (sometime perceived as bossy or having big egos).</li> <li>• First to speak and often.</li> <li>• They like to leader of the pack.</li> <li>• If they had to put a swing set together: would pay somebody to do it for them</li> <li>• Car choice: flashy</li> </ul>	<ul style="list-style-type: none"> <li>• People oriented, expressive, friendly, loves to talk, extravagant, optimistic, enjoys team sports (volley ball, baseball, football, basketball, drill team, cheer team, etc.).</li> <li>• Yellow personality types are the glue that holds groups together.</li> <li>• They are generally outgoing and fun loving.</li> <li>• The talkers.</li> <li>• They like to run in packs.</li> <li>• Car of choice: one that's big enough to hold everything</li> <li>• If they had to put a swing set together: would invite their friends over to build and barbeque</li> </ul>
<u>GREEN</u>	<u>BLUE</u>
<ul style="list-style-type: none"> <li>• Detail oriented, precise, controlled, likes to do things right the first time, likes to complete jobs, tends to be thrifty.</li> <li>• Green personality types like order.</li> <li>• They generally have neat work spaces.</li> <li>• They are often perceived as "neatfreaks".</li> <li>• They make wonderful treasurers, secretaries, or committee chairs in clubs.</li> <li>• They will keep your group organized.</li> <li>• Likes to keep the pack on the trail.</li> <li>• Car of choice: hybrid vehicle (energy efficient)</li> <li>• If they had to put a swing set together: would pull out the directions, carefully count and arrange the parts, then systematically build the swing set</li> </ul>	<ul style="list-style-type: none"> <li>• Creative, freethinking, sincere, loyal, caring, perceptive, understanding, open-minded, oftentimes enjoys nature, many like the arts.</li> <li>• Blue personality types are often perceived as quiet, sometimes shy individuals.</li> <li>• Oftentimes they may be loners or have one or two other "blue" friends.</li> <li>• They are very innovative, idea people.</li> <li>• They tend to be quiet in a group and should be called upon to share their ideas.</li> <li>• Blues don't usually run with the pack.</li> <li>• Car of choice: jeep, recreational vehicle, unusual car (off road adventures)</li> <li>• If they had to put a swing set together: would design their own swing set</li> </ul>

Effgen, Susan K., Lisa Chiarello, and Suzanne A. Milbourne. "Updated competencies for physical therapists working in schools." *Pediatric Physical Therapy* 19.4 (2007): 266-274.

## **Content Area 1: The Context of Therapy Practice in Schools**

## **Content Area 2: Wellness and Prevention in Schools**

### **Content Area 3: Team Collaboration**

1. Form partnerships and work collaboratively with other team members, especially the teacher to promote an effective plan of care
  - (a) demonstrate effective communication and interpersonal skills
  - (b) refer and coordinate services among family, school professionals, medical service providers, and community agencies
  - (c) implement strategies for team development and management
  - (d) develop mechanism for ongoing team coordination
2. Function as a consultant
  - (a) identify the administrative and interpersonal factors that influence the effectiveness of a consultant
  - (b) implement effective consultative strategies
  - (c) provide technical assistance to other school team members, community agencies, and medical providers
3. Educate school personnel and family to promote the inclusion of the student within the educational experience
  - (a) assist school administrators with development of policy and procedures
  - (b) provide orientation to teachers and classroom aides
  - (c) conduct in-service sessions
  - (d) develop informational resources
4. Supervise personnel and professional students
  - (a) apply effective strategies of supervision
  - (b) monitor the implementation of therapy recommendations by other team members
  - (c) establish a student clinical affiliation
  - (d) formally and informally teach or train therapy staff
5. Serve as an advocate for students, families, and school
  - (a) attend public hearings
  - (b) serve on task forces or decision-making committees
  - (c) provide necessary information to support student rights
  - (d) actively participate in IEP process

## **Content Area 4: Examination and Evaluation in Schools**

### **Content Area 5: Planning**

1. Actively participate in the development of the Individualized Education Plan
  - (a) determine eligibility related to a student's educational program
  - (b) accurately interpret and communicate examination findings collaboratively with family, student, and other team members
  - (c) discuss prognosis of student performance related to curricular expectations
  - (d) discuss and prioritize outcomes related to student's educational needs based on current and future environmental demands and student and family preferences and goals
  - (e) offer appropriate recommendations for student placement and personnel needs in the least restrictive educational setting with intent to serve children in inclusive environments
  - (f) in collaboration with the team, determine how therapy can contribute to the development of an individualized educational program (IEP) including
    - (i) meaningful student outcomes
    - (ii) functional and measurable goals and objectives
    - (iii) therapy service recommendations
    - (iv) specific intervention methods and strategies
    - (v) determination of frequency, intensity, and duration
  - (g) develop mechanism for ongoing coordination and collaboration regarding the IEP
    - (i) implementation of the IEP
    - (ii) updating or modifying IEP
    - (iii) transition planning and implementation of the transition plan
    - (iv) interagency activities

#### **Content Area 6: Intervention**

1. Adapt environments to facilitate student access to and participation in student activities
  - (a) recommend adaptive equipment, assistive technology, and environmental adaptations
  - (b) monitor adaptive equipment, assistive technology, and environmental adaptations
  - (c) be able to instruct student and other team members in the appropriate use of adaptive equipment and assistive technology
  - (d) identify sources for obtaining, maintaining, repairing, and financing adaptive equipment, assistive technology, and environmental adaptations
2. Use various types and methods of service provision for individualized student interventions
  - (a) direct, individual, group, integrated, consultative, monitoring, and collaborative approaches
  - (b) develop generic instruction plans and intervention plans that select and sequence strategies to meet the objectives listed on the student's IEP
3. Promote skill acquisition, fluency, and generalization to enhance overall development, learning, and student participation
  - (a) use creative problem-solving strategies to meet the student's needs
  - (b) explain basic motor learning theories, and relate them to therapy education programs
  - (c) address neuromuscular, musculoskeletal, sensory processing, and cardiopulmonary functions that support motor, social, emotional, cognitive, and language skills
4. Embed therapy interventions into the context of student activities and routines
  - (a) implement appropriate positioning, mobility, environmental, and ADL strategies into curriculum, classroom schedule and routines
  - (b) develop a matrix integrating objectives, routines and activities, and strategies

#### **Content Area 7: Documentation**

#### **Content Area 8: Administrative Issues in Schools**

#### **Content Area 9: Research**

## Service Delivery Models Chart

Thomason, Heather K., and Mary Ann Wilmarth. "Provision of school-based physical therapy services: a survey of current practice patterns." *Pediatric Physical Therapy* 27.2 (2015): 161-169.

**TABLE 1**  
Service Delivery Models

Service Delivery Model	Definition	Positives	Challenges
Direct/Isolated	Related services provided one-on-one, away from peers	Provides opportunity to introduce a new skill without distractions Provides the opportunity to evaluate/assess a child without distractions Provides opportunity for therapist to evaluate, assess equipment, orthotics, etc. without social stigma for the child	Disruptive to a child's educational process Skills learned in isolation are not found to transfer to the natural environment which decreases their educational relevance Does not provide the opportunity for children to learn from peers Related service providers cannot provide feedback and training to teachers and other support personnel
Direct/Integrated	Related services provided one-on-one in the classroom or other natural environment	Provides the opportunity for the related service provider to model for teachers and other school personnel and provide training Child is able to learn from his/her peers Skills learned in the natural environment are more likely to be repeated and retained	Related service personnel must have good communication skills and good rapport with teacher due to the potential for classroom disruption Teacher must be invested in the benefit of inclusive services
Indirect	Training of teachers and aides in specific techniques with the therapist remaining responsible for outcomes	Training performed in the natural environment, which increases the likelihood of skill retention Adequate training of school personnel ensures that appropriate activities will be carried out effectively and safely when related service personnel are not present Daily reinforcement of activities with the same techniques increases the chance that the skill will be retained and the outcome will be met	Requires that the therapist possess good teaching skills and the ability to develop a good rapport with both teachers and other school personnel Therapists remain responsible for outcomes, so they must make the determination when the person being trained is skilled
Consultative	Collaboration with teachers and other staff with teachers responsible for implementation and outcomes	Teachers feel more supported Less disruptive to the educational process of the child	Requires that both therapist and teacher agree that services are required and view each other as equals Sometimes difficult to coordinate schedules to allow for meeting times Teachers and other school personnel must be invested in inclusive services