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IEP and IFSP 101: Everything You Need to Know -
Planning to Implementation
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- [Calista] Our title again for today's courses: IEP and IFSP 101: Everything You Need to Know, Planning to Implementation. It is my pleasure to welcome Laura Ritter to PhysicalTherapy.com. Laura has worked passionately with individuals and with disabilities for over 20 years. She specializes in the field of special education. She has been an educator and administrator at the elementary high school and post high school age levels. Laura served as a director in an agency of adults with disabilities, a special education teacher, home-bound educator, tutor and educational consultant in the Orlando and Indianapolis areas. She works with students, families and colleagues to develop IEP plans that meet the needs of her students. She currently is a professor at the University of Phoenix and a high school educator in the virtual school environment. Well, welcome Laura and we're pleased to have you here with us today. And at this time, I'm gonna turn the microphone over to you.

- [Laura] Thank you. Hi everyone and thanks for joining me today to discuss the IEP and IFSP process. I'm excited to share this information with you. I truly feel this webinar will be invaluable to you as a physical therapist. You might either be currently working with children in an educational setting or considering a preschool or school-age position. This information might be a review for some of you who answered that they work with this process already multiple times a year. But just stick along with me and we will go through this. And like I said, it will be a review for some or brand new information. So as you now know, I'm an educator who specializes with working with students and families who are needing additional support in the school system. Questions I typically get from educators and related service therapists are, how is an IEP or an IFSP plan written? Who's involved in the meeting? How do I write an appropriate goal and where am I able to work with these students within the school setting? My hope is that the information shared today will clear up some of the questions you might have on this process and help you feel a little more comfortable

with taking an active role as a related service personnel when needed. There are three learning outcomes we will focus on today. Participants will be able to list at least five IDEA categories to qualify for special services, define at least three key terms commonly used during IFSP and IEP meetings, and identify at least four IFSP and IEP legal requirements. So IFSP, IEP, what does this mean? An IEP is an Individualized Education Program.

Although it is sometimes referred to as an Individualized Education Plan. An IFSP is an Individualized Family Service Plan and serves younger children from infancy through two years old. This plan is valid until the child's third birthday. First we will cover the Individualized Family Service Plan. Again, this plan is for the younger children up until their school age at three. The IFSP should guide and support the entire family as the parents are a vital part of this process especially since these children are so young and still at home. The IFSP team typically involves the parents, service coordinator and various specialists such as occupational therapists, speech and language pathologists and physical therapists.

There are a wide range of services that are available for a young child qualifying for an IFSP. The child might be considered for health services, developmental and/or play therapies. The IFSP team will meet to review the plan biannually and make revisions annually. Progress updates should be provided to the family quarterly. So it's a good idea just to keep the family in the loop. Again, these are very young children so the parents are very involved throughout this process. And any strategies or tips that you have been working on with the child, it's important to relay those to the parents because they can then work with family outside of the therapy time. It's important to know that parents are legally entitled to change or even decline services throughout the IFSP process. These are not legally binding documents at this point, and the parents do have a right to discontinue services. This is a major difference with, like I said, the legally binding mandatory programs that we're gonna be talking about at this

school age level. So what happens next? The child will be reevaluated before turning three years old to determine if these services are still needed in the school program. If services are still needed to continue, the special education teacher and specialist will then meet with the family to develop an IEP for the school system. In the case of physical therapy, the same therapist could continue to work with the child through the elementary, middle school or even high school levels. So just gaining a good rapport with the family, having a good communication dialogue with the family is so important because as I said, you could really be working with the same child through infancy, throughout high school if they still needed those services. The continuation of those services from the same service provider as a physical therapist can be really beneficial to the child and family as you have learned their little cords what has worked, what hasn't?

So discontinuing those services with the child is still beneficial. Now, this isn't the case in all areas or different programs because some physical therapists might only work with young children or middle school age or high school or even elderly populations. So if it's possible that it is recommended to stay with the child throughout but then, as I said, that's not always a possibility. If the child was not previously qualified for special services with an IFSP, they can now be evaluated for an IEP under the IDEA law. So under the Individuals with Disabilities Education Act, so that's the IDEA, there are 13 qualifying disability categories to identify for special education services and to receive an IEP. So we're gonna be covering these 13 areas today. As a physical therapist you might not be working with students in all these different categories but I did wanna touch base because this is such an important part of the umbrella of IDEA and you might be even providing these consultation services with students in one of these categories or working with the families and providing services that they could do, some therapies they could do at home. So I just wanted to be able to cover at least these 13 categories today. So I'll go through those kind of quickly but did want you to have some background knowledge on them in case you're not familiar. It's almost important

to know within the IDEA definition, every child has a legal right to a free appropriate public education. So we'll spend a little time elaborating on these 13 categories and how they can relate to the PT field. So it's also important to note that when a child is diagnosed with a disability category, the multidisciplinary school team will also determine if a related service is needed such as physical therapy. So first categories, one of the fastest growing IDEA categories and it is Autism Spectrum Disorder. Students typically exhibit a wide range of characteristics in this disability category and it's actually where the name spectrum came from because it's just such a wide range of different levels regarding speech or intellectual level.

Students might have a difficulty with social skills and communication or repetitive speech or possibly non-verbal. And this is typically, unlike some other disability categories we'll talk about, this disability category is typically diagnosed at a younger age. The school-based PT could help students with Autism Spectrum Disorder integrate within the school environment and promote motor development. So it's important to know that all these disability categories, we do want to integrate these students within the school as much as possible and occupational therapists, physical therapists, they can really provide a lot of support, support to the teacher or to the student or families so that they can be successful within the classroom or school environment.

So our next category, intellectual disability. This category actually was previously referred to as mental retardation until 2010. Students typically have limited intellectual and adaptive functioning in this category, the IQ level is below 70, students range from the mild, moderate, severe and profound disability degrees of intellectual disability. Students with this lower cognitive abilities might need more physical assistance and adaptive equipment for self-help skills such as mobility, using the restroom or taking a shower. So the physical therapists could help the student in this disability category navigate the school environment better, provide strategies or tips to the parents to use

at home. Like I said, for some of the self-help skills or even feeding themselves or using the restroom. Next is the deaf-blindness category. Students have a combination of sight and hearing loss and will exhibit some vision and audible range. Physical therapists might be involved if the student also has some type of physical limitation. So again, just navigating the school environment, supporting the teacher and student and family and just determining what would be best for this child. The next IDEA category would be for a student who had a more severe hearing loss. And the student would qualify for the deafness category under the IDEA, the hearing loss is the severe to profound levels, the assistive technology and hearing devices can significantly improve the classroom experience for the student.

Physical therapists could help students with vestibular rehabilitation and prevent further motor delay. So I've seen some physical therapists work with students with deafness at a younger age and it really does help with their motor skills and even maintaining those skills so that there's not loss of further activity moving forward. Our next category, emotional disturbance. IDEA defines emotional disturbance as a condition exhibiting one or more of the following characteristics over a long period of time to a marked degree that adversely affects the child's education or performance.

An inability to learn that cannot be explained by intellectual, sensory, or health factors, an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of unhappiness and depression, a tendency to develop physical symptoms or fears associated with personal or school problems. And again, this disability category is covered under the IDEA and it is sometimes harder to diagnose students in this category just because of the terms and it's just kind of difficult to determine whether the emotional disturbance is severe enough that they're gonna need to require extra services within the school. The hearing impairment category. This is more of the mild to moderate level. Many students can be

mainstreamed with some assistance, some technical or some assistive devices in the class could be using sound amplifiers, the student could have hearing aids, cochlear implants. Again, a speech therapist might be better suited for a student with this disability category, but there might be a situation where the student is also needing physical therapy due to physical limitations. The IDEA classifies a student with multiple disabilities when there is a combination of more than one disability category identified for the child. Physical therapy and other related services would be based on the need of the student. Again, you might not be working with someone in this disability category but it's a good idea to have a background knowledge for each of these disabilities. Next up is the orthopedic impairment category. A student will qualify if he or she has a severe orthopedic impairment that affects the child's ability to succeed in school. Impairments are caused by birth defects, illnesses or other factors such as an injury. Students typically need physical and communication supports to be successful in the classroom.

A physical therapist or an occupational therapist are commonly referred to students with an orthopedic impairment 'cause they can receive support for those fighting gross motor skills. So again, navigating their classroom, maybe accompanying the student to a physical education class, working with their peers on throwing a ball, catching, some of those skills that all kids need and they're really just needing some supports so that they can be included just like everyone else.

There's many adaptive equipment devices that can be used within the classroom or at home such as balance, platforms, walkers and standers which you're maybe more familiar with. Some of the school type of equipment could be eating utensils during the cafeteria, loop scissors, halo plates that are curved to help with the scooping or a pencil grip. So there's a lot of different adaptive equipment or technologies that can be used from a physical therapists that can again assist the student and assist the teacher and it's really about the collaborative piece with that. The next category can be tricky

based on the definitions. And those definitions are kind of tricky with the IDEA. So it's important to understand these and read them clearly and work with the special education team to see if a student would need a physical therapist service or which services are needed under related service categories. So for the other health impairment, the IDEA defines this impairment as having a limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment that is due to a chronic or acute health problems.

So this category, if a child has more of a severe health impairment such as asthma and they're needing the school to be aware, this child's needing more services to be successful in the school due to their health impairment and that it adversely affects the child's educational performance. Qualification for this disability category will occur only if the health impairments, like I said, severely impacts the student's education. And then the team will determine what services would help this child in school. Do they need additional therapies, do they need more direct instruction? So again, the team will meet and discuss to see what would be the most appropriate. It's important that the team identifies the child with a health problem that's so severe, like I said, that here she cannot be successful without the support of the teacher and therapist. So specific learning disability is our next category.

And it is defined as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. This category is typically diagnosed in the elementary school level. Physical therapists in this category can play a big role to encourage academic skills independence and engagement in home and school activities. As I keep mentioning, physical therapists really play an

important part of just being part of the collaborative process with these students that are needing the extra support in school. Our next category here is speech or language impairment. This is when a child has a communication disorder that adversely affects a child's ability to talk, understand, read or write. Typically common traits will emerge at a young age and early intervention is key. So this might be a category that you do see more for the students, those younger ones that are having the IFSP before they even enter school. And if they do qualify for this service. Again, the infancy through to the third birthday, this category can follow along with the child then moving into the IEP. This disability can be in combination with other disability categories on the IEP. So I've typically seen speech or language impairment listed alongside, possibly the Autism Spectrum Disorder.

So that is important to know if you're not familiar with this process, IEP process. A student can have more than one of these disability categories listed on the IEP. So sometimes you might see it as a primary disability, could be the Autism Spectrum Disorder, for example, and then a secondary disability as a speech or language impairment. The PT could provide support and collaboration to speech language pathologists and other related services.

So again, in your field this category alone, you might not be working with a student but again, if they have speech concerns and other physical limitation then you could be working alongside the speech pathologist and to meet the needs for the student or even providing consultation. So next step up you'll see the Traumatic Brain Injury category. This is when an injury caused to the brain from an external physical force such as a fall, violence or a vehicle collision. Hereditary brain injuries are degenerative conditions or injuries caused to the brain by birth complications do not fall under this category. So that is important to note that if there is some type of hereditary brain injury, that's not considered under traumatic brain injury under the IDEA. This is more of the, there's been some type of physical trauma. You'll also see this with the shaken

baby syndrome and that's because of the violence and the students could be under this category, traumatic brain injury also known as TBI. This category is a child who's experienced, I could say, trauma to the brain. Students can work with therapists at home or at school to help regain some of those independent skills that might have been lost from the accident. In this category, you might deal with the situation of the child that's actually maybe even in foster care or has been taken away from the home due to some type of violence. So this can be a challenging situation, but a physical therapist really could be beneficial to the child and his or her whole team to provide tips or strategies with therapies that can really regain those skills that might have been lost.

And lastly, the 13th IDEA category is visual impairment. The impairment in the child's vision significant enough to impede the educational performance. The student does include some partial sight or blindness but there is some vision there. Assistive technology can significantly improve the classroom experience that they are just again, trying to work alongside his or her peers. And a great example I've seen in the classroom being used is a thing called LightBox tool. And it puts light against activities so that really brings the focus of the student to the activity at hand.

The PT can assist the student and special education team with sensory integration, adaptive items and again, those motor functions either to maintain the motor skills or to gain new motor skills that the child doesn't have. So that was a lot of information but it is important to understand who qualifies for these specialized services 'cause you might just hear about an IEP but not really understanding who is qualifying for those. So I wanted to touch base on those. So now let's move on to the Individualized Education Program. And this is commonly referred to as an IEP, you'll hear that much more than the Individualized Education Program. You'll usually hear about IEPs in the school system. The IEP is a customized plan for school age students, again, starting at three through 21 years old. So the day before their 22nd birthday, they still are gonna

be qualifying for these programs. If they do turn 22 within their last year of school, they are able to continue and finish that school program and those services. As I pointed out previously, the IFSP remember, is just for a child until their third birthday. Parents are legally obligated to be a part of all decision making, procedures and notified of all assessments taking place with the child. So this becomes a little bit more tricky when the student then is in school full time because you don't see the parents as much as you did going into the home with the IFSP.

So if you're a physical therapist working with children, again, when they are before the age of three, you're going into their home, you're working on these skills, you'd be able to talk with the parents much easier than once they get to the school system. So it is important to be making those phone calls and/or notes home just letting them know what you are working with the child and if there's any types of services they can provide in the home. And some parents might be reluctant to that but then others are very eager to wanna know how can I help my child at home? They know that they're working on balancing sitting in the chair in the classroom and the physical therapist could let the parents know what's not working in the class so that they could then work on those skills at home sitting at the kitchen table for dinner.

It is important to provide quarterly updates and annual meetings, those are mandated. So the extra clothes or notes, those are not mandated but it is important to know that quarterly updates and annual meetings are mandated. Schools receive additional funding for these types of programs. So again, I'll use the word legal a lot, mandates, mandatory, because it is important to know that this is much bigger than just providing service in the school. This does come from higher up and these are legal therapies. For example, if this goes into the IEP that the child needs 20 minutes a week, and we'll cover this more, but if they need 20 minutes a week for services and physical therapy, it is important that it's happening, that it's been documented and that you are providing those services because the school where you get audited for that, you do need to be

able to show that you did in fact provide those service times. The IEP team does include the special education teacher. Sometimes you'll hear teacher of record or case managers, a lot of different names that you might hear for the educator. Also related services and that is where the therapies fall under. And we will take a look later on at IEP example and I'll show you where the related services are listed on the IEP. The team is accountable for making progress and enhancing student goals. And for services such as physical therapy or technology support or speech services, I do wanna point out that the funding is provided from the school.

So one of the questions we get sometimes as well, the student really needs some type of equipment for balancing or something that will help the student sit for longer periods of time or stand or walk. And the school system is responsible for providing those equipments that are decided within the IEP. The physical therapists will walk alongside the special education team to find those types of equipment and maybe the school already has one, maybe another school in the area has one and they'd like to borrow them on Mondays, for example and other school wants them on Wednesdays, because as we all know in the school systems, funding is difficult and it is tight at times but it is important to know that if a child does qualify for physical therapy and they do need some type of equipment the school system is legally mandated to find that piece of equipment and provide it to the student to use during the school day.

So I also did wanna touch base on another type of program. So students that do not qualify for an IEP could qualify for a 504 plan. This is the section, 504, the Rehabilitation Act. So this is under the Americans With Disabilities Act, the ADA. Like I said, you'll typically hear, I even just said it, a 504 plan. I feel like I say that more than anything else, just call it the 504. Students that do not qualify for one of those 13 IDEA categories and they don't have an IEP, this might be a good option for those students. Now, this can be a little tricky because, again, with the funding, not all school systems or states let or allow students needing physical therapy under the 504. So you do have

to determine with the team and the state, the school district, or whoever someone that you have to determine whether a student with a 504 plan can qualify for physical therapy services. If your state does not allow physical therapy under 504 plans, then that is when this team does need to reconvene and determine how can we provide these services to the child under the IDEA guidelines. And maybe that's when that other health impaired category could get involved because if the student is needing physical therapy.

We need to advocate for those children and figure out how can we get those services within the school day to the child. So this is kind of a fun little glimpse of all the acronyms that you will see. So as you can see here, there are so many abbreviations and acronyms used daily in the school setting and they can truly be confusing at times and unclear, it's not only to parents or teachers but therapists too. So if you've not seen some of these terms before, I just wanna touch base on some of these that you might encounter in the school systems. These terms are sometimes referred to as the alphabet soup in the school environment. It can be a fun way to lighten up the IEP meeting or when talking with peers.

You can tell parents you're aware these abbreviations or acronyms can be confusing but it's important that everyone on the team understands these terms and is on the same page for the student. So some of the key terms that you might see in the school environment. SPED, sometimes you'll hear that and that's just meaning special education. BSP, I hear and see that quite a bit, behavior support plan, so that's alongside an IEP if a student does need ABSP as well to help provide support with their behavior. The FAPE or F-A-P-E, you'll hear that used sometimes because students do qualify for free appropriate public education. So if you do work in a school district that is not providing the appropriate services. As an advocate to a child, the special education team needs to remind everyone that these students are legally allowed schooling under the Free Appropriate Public Education Act and they should

have services just like everyone else. EI, early interventions. So you'll see that quite that a bit with IFSP, again, those younger students and trying to determine what type of early interventions can be used. But really physical therapists might be using those terminology as well because with some of those disability categories, if you start with the early interventions, they might not need services throughout elementary or middle school or high school. So you might see or hear quite a bit. The LRE is the Least Restrictive Environment. This is the term when finding the most appropriate physical environment for the students.

So maybe a self-contained classroom is still the least restrictive environment versus being home-bound or you'll see this child being what's called mainstreamed or included within the general education setting. And so the child is actually alongside his or her same aged peers and the physical therapist could go into the classroom to work on these skills or maybe even out in the hallway or another area of the school. And that would be a good thing to discuss with the special education team. Where is the most appropriate place for this child to work on the determined services in your category? So you might be more familiar with these but in the school environment you'll quite a bit hear of OTs and PTs, occupational therapy and physical therapy. You even hear young students, they're all like PT is coming today and they get so excited. And I feel like students even use these terms quite a bit.

And it kind of even helps just saying OT and PT maybe help the student just feel not as quite different because they can just say, "Oh my PT is visiting me," and they don't have to use the full terms physical therapy. Again and SLP, speech language pathologist and the AT, the assistive technology. So you might hear a teacher reference, can you help the student with his AT device during your session and that would be the assistive technology device that the student has. So I hope that clears up some of the terms you might encounter in the school system. The abbreviations can be beneficial when writing plans or talking about the program but it is important to know

that you wanna be careful not to use these too much so that it's not too confusing, especially sending notes home to the parent. I often do like to spell out the full terms so that I don't confuse the parents of the children. So understanding the IEP process. There are many steps in the IEP process and it typically begins with a student is referred for an evaluation. So we talked about who qualifies under the IDEA but I do wanna just go through the process so that you know what steps are included once this child is referred to for physical therapy services. So first the referral step. And students can be referred by parents, healthcare professionals or the special education team. During the evaluation step, many evaluation tools can be used such as observations, data tracking or professional assessments from a psychologist or a physical or speech therapist or even a school counselor.

So they might have you come in as a physical therapist to this school environment just to observe a student and take some data to see if you believe that the student is qualified for a disability category. The eligibility step is if the student is eligible for special education services, then the IEP process begins. The IEP team will start collaboratively developing the plan. The IEP plan must be created within 30 days from the eligibility determination, from that assessment data that may be you as a physical therapist was involved in. I do want to either remind you or let you know that all assessments must be approved by parents with written consent.

So if there is some type of assessment the child is involved in, parents do need to be aware of that assessment and give consent through documentation. The teacher will set a meeting date with the parent. So this can be tricky with working with physical therapists calendars, the teacher, the administrators but it is important to find a date that also works with the parent. It's also a requirement to notify the parents at least two times prior to the meeting date so that the parents can get there as the guardians. That is a mandatory part of the IEP process. They must be there. The IEP plan is a rough draft until the meeting is complete. Meetings can be held by phone with parental

permission but it's not necessarily recommended 'cause it is good to have that face to face time with the family and so that you can go through what the concerns are and just to be able to gain a better rapport with the family. This is one related services will be determined during the meeting. So you might have observed a student in the school environment and determined that actually the physical therapy services aren't really needed or possibly just on a consultation basis. So I've seen where plans are in just and then 10 minutes a month that the physical therapist will provide consultation to the teacher. And so still for the student, but they're actually just once a month talking with the teacher, providing tips or strategies that they can use within the classroom. I wanna point that out that as a physical therapist, you might not be working face to face with the student but just providing consultation.

The teacher will make sure that they invite the related service personnel for the initial evaluation meeting and for all of the annual meetings. So if the student does qualify for physical therapy services the physical therapist will then be coming to all the meetings moving forward. So the implementation steps of the IEP will commence with the needed support and then the plan is put into place. So again, it starts as a rough draft during the meeting 'cause the teacher wants to get all of the input from the family, the therapist, psychologist and put that all together to get the finalized IEP plan. So next, the responsible parties will start implementing the IEP goals and needed accommodations throughout the IEP process. Student progress is measured and evaluated based on the determined timeline set in the IEP plan which again, I'll show you in just a little bit. And there are set times that are listed. So again, is it once a month, is it biweekly, is it monthly? And so there's just, every student is unique so that's gonna look different for everyone. The IEP team should review goals quarterly and provide updates to the parents. The IEP plan is reviewed and revised annually with the IEP team including parents. So this is very important and teachers will be making sure that that date is met. It's a very important part of it that the team meets again before the next date because the school will be out of compliance with the plan if it's

not met within a year. The student should be reevaluated every three years to determine if services or environments need revised. So this will be a good thing that the physical therapist could be involved with because if the student did qualify for services but then you determine with the team and the student that really you could move to more of a consultation with the teachers. So again, every three years the team meets and determines what types of services are still needed moving forward. So again, legal requirements. Discussing legal and what is mandated by the state. It is so important that teachers understand this whole process and the related service therapist because it really is bigger than just the classroom interventions. Is this coming from the state and the federal laws for children.

The Individuals with Disabilities Education Act, which again, the IDEA, is a federal law to provide rights to students with disabilities. The IEP plan is a legally binding document mandated by the IDEA and all members of the IEP team including school staff and related services are responsible for following the plan exactly as it written. An IEP must be followed by all of the parties involved. And again an example would be for an accommodation if the student does qualify for some type of accommodation or adaptive equipment, the person responsible for that must follow the plan exactly as written. So the legal requirements under the IDEA.

Ensure that all children with disabilities have available to them, that free appropriate public education to ensure the rights of the children with disabilities and if their parents are protected. To assist States, localities, educational service agencies and Federal agencies to provide for the education of all children with disabilities and to assess and ensure the effectiveness of efforts to educate children with disabilities. Now, let's discuss the actual plan. Again, I'll just cover a little bit more on what you'll see on the plan and then we'll take a look at an actual plan from my state. So there are four sections that are important to know on the IEP. The present levels, the annual goals, related services and accommodations and program modifications. There's many more

areas on the IEP itself but those are the one I wanted to touch base on. And again, with the related service, that's where the physical therapy services will be listed. So for the present levels in this section, it's important to showcase the student, include all those positives. It's a great way to gain rapport and kind of start the meeting off with a positive feel. The PT could provide information for this section that the teacher record can add in and just let the family know how the student is doing with those therapies. In your goals, it's important that the teacher and the therapist know that they need to be specific, measurable, attainable, realistic and timely. Physical therapists might not be creating their own goals. It just is determined on an individual basis but they might just be collaborating with the teacher to determine a SMART goal.

But if a student does have some type of a physical limitation or something that they're working on, an example of a PT goal could be based on maintaining sitting balance in the classroom or moving from class to class or from the cafeteria to outside using a walker or possibly using a stander to gain more physical ability in their legs during class time. And so the related services, again, that this would be for, occupational therapy, speech, physical therapy also health could be listed in here or using a school nurse. I've had students that are G-tune fed.

And it's important that again, all accommodations, all services, everything is listed in that big IEP plan because if a student does move from state to state or even within the school or within the state just to different school, the new teacher in the new school needs to know what was that child using before they got to us and what worked and things like that. And then the accommodations and program modifications. This is a vital part of the IEP plan. Sometimes these terms are confused a little bit with modifications and accommodations. The modification is actually a change of what is being taught or what is expected from a student and an accommodation is a change that helps a student overcome or work around the disability or learning challenges. So probably typically you'll see a physical therapist using the words accommodation

because you're changing or just adding to the learning environment. So what must be included in the IEP? The duration of time that the student is gonna be with general education peers, any type of testing accommodation that's needed, timeline of services and other considerations. And this is just for when students are getting older and looking at the transition services for after school age programs so after high school, whether the student needs extended school year. And you might see that with physical therapy if a student does need to work on some skills over the summer and nonacademic services and transportation services.

And I will show that on the IEP. This might be a student that is in a wheelchair and needs to make sure they have the appropriate transportation services to travel to and from school. And again, with the free appropriate public education, they are legally bound to having the same requirements as other students which is a bus. If all the students need a bus to travel to and from school so do the students qualifying for these services. Okay, so I'm gonna take a look here at an IEP for Indiana. I live in Indiana so this is just an example for my state. There is not an IEP that's for all states. So each state does have their own programs.

So again, this might look different in your own state but I do just wanna provide an example. So I'm gonna share my screen so you can see this over here. So some basic information here on top. Student name, date of birth and just the home information. This is the purpose of the conference, if whether it's an initial reevaluation, making a revision. You'll put that in this area. So here are those strengths. So this is so important in this section for the teacher or anyone on the team to give the positives and then the concerns and then end with the positive. I can say this is a sandwich approach. You don't wanna overwhelm families with only concerns. So this is a great area to put some of those strengths or exciting things the students are doing. The PTs could provide summaries in this section to the teacher. In some states, the physical therapists are or do have access to the IEP program so they can actually put the information in

themselves. So it depends on your school and your state. You know how it works there. So present levels, the eligibility category. So this is what we just talked about. This plan actually does list developmental delay which is not one of the 13 categories. So you don't see this all the time but sometimes this is listed because if they came from an IFSP with the developmental delay, they might have come in to the school system with the developmental delay. And so they're just listing that there until another one of those IDEA categories is determined for the student. So moving down, so there's behaviors we talked about.

This is the transition sections. We're not gonna cover that. I don't want to come down here. So here we go. Here's the goals and this section will be one of those goals, again, SMART goals, always must be smart. There's another one of those acronyms. The physical therapist might be having his or her own goal for the child but they might just be listed as a support for the academic goal that the student will be working on within the classroom environment. So there's more goals here. Typically the child will have maybe three to five goals that they'll be working on throughout the year. And this is, moving on right here, here we go.

So here's the related services. So this is the section that physical therapy or occupational therapy will be listed, the initiation of the date when the plan starts, the frequency, the length, the duration, the location. This might just say classroom or school environment, but if there is a particular setting, this would be great. For example if the physical therapist was only working in the cafeteria with the child sitting or standing then that might be important to note. And then who's gonna be providing the support which the the therapist name could be listed. And transportation, I didn't wanna cover this area because, like I said, this might be a good section to put in if the student is requiring some type of transportation assistance such as a special bus or a special seatbelt or another kind of adaptive equipment that the student needs outside of the school. So that's just it. That covers briefly the IEP. So I'm gonna bring our

screen back. I'll get back to our PowerPoint. So the required IEP team members. So we talked about who qualifies and this is more like really who's involved. So the family, the family is so important throughout this whole process. And if the student is at an age or mental level that it's okay for the student to be involved, that would be great to include the child as well 'cause this is what it's all about, the student. That's why we're here. General education teacher to provide input of what general education peers are working on, the teacher, special education teacher. I would say it's important 'cause they'll be providing most of the services. The administrator and then those other related services, PT, OT, SLP, vision, hearing, nurse.

And those are just some examples. Meeting objectives. It's just so important to advocate for the student. So like I said, you might have a child that really is needing more services, for example, than not or that's not listed in the IEP. So really bring it to the team's attention saying I think this really would benefit from a weekly basis versus a monthly or a consult. So those services can change. So that's important to know. That teamwork we've talked throughout this entire presentation, just about how important teamwork is, the collaborative piece that the physical therapist really can bring to the team, the knowledge that you have regarding physical therapy.

The parental input. The parents really do know the child best. So whatever they've tried at home, maybe you could try that but maybe it won't work in the school setting. So again, that can, that just determines on individual basis but getting their thoughts from home, it's so important. I did wanna touch base on child first language. I'm not sure you're familiar. So I did want to point that out. It's important to focus on the child and not disability when talking to others. For example, it's appropriate to say, "Alex has Autism Spectrum Disorder and he's in my class," versus saying, "The autistic kid is in my class." It's very degrading to use that disability first because we really should be focusing always on the child first. Make sure you come to the meeting prepared and organized. Bring that data collection, the observation notes so that you can share it

with the team. And just staying calm and unbiased. It's difficult sometimes when there's so many people involved in the child's team. So you wanna share your knowledge, share your expertise but just to kind of remain calm and unbiased if maybe the parent has a different thought than you. So that can be tricky at times. So just key takeaways today. We've mentioned a couple of tomes, plans should not just be a one side fit all model.

Each plan is very unique and individualized. That's why today I've covered examples, I've covered what I've seen or my state for example but with everyone here from all over it's important that I mention that this is not gonna be necessarily what you exactly see in your situation but I am always available for questions or going over a specific scenario. Feel free to email me and I'd love to talk with you about a unique situation that you might encounter. Remember the IFSP is infancies through two years old. So once the student is three, they will no longer qualify for an IFSP. The team will need to determine whether an IDEA category is more appropriate and there are 13 of those IDEA categories we covered today. IEP and the 504 plan, again, the 504 does not have the same funding as an IEP. So really each state determines the physical therapy services differently. So I do encourage you to research how it works in your state regarding the 504 plans and just be mindful of, you know, those abbreviations and jargon that we covered today. We don't want the parents to feel overwhelmed or confused. And just, again, cooperation and collaboration will make for such a more positive experience and effective for the child involved. So I'll take a few questions if anyone has any questions today.

- [Calista] Hello everyone. This is Calista your moderator. Just to remind you, if you wanna leave a question for our presenter today, go ahead and use the question and answer pod. I'll give you a minute. I don't see any questions. Thank you so much Laura for sharing your expertise with us today.

- [Laura] Well, thanks for having me.

- [Calista] And thank you everyone for attending and hope to see you in the classroom real soon on PhysicalTherapy.com. Please check our website for upcoming courses and thanks again everyone.