



The appropriateness and extent of related services such as occupational therapy (OT), speech/language (S/L) or physical therapy (PT) provided by a school district or educational service cooperative through an Individualized Education Program (IEP) should be determined by considering the educational needs of a student with disabilities, which may differ from the student’s medical needs. It is therefore important to understand the difference between educational and medical models and strategies for service delivery. Related services are supportive services that are required to assist a child with a disability to benefit from special education, 34 CFR. 300.34.

	<b>Educational Model</b>	<b>Clinical/ Medical Model</b>
<b>Who decides the needs and scope of services?</b>	<p>IEP team, including parents, students (if appropriate), educators, designees and therapists providing related services decide, based upon evaluation data, the student’s educational strengths and needs, including any related services required to assist a child with a disability to benefit from special education.</p> <p>A medical referral/prescription is considered in the decision of the IEP or 504 team but cannot be the only factor used to determine services.</p> <p>For students who are being referred for an initial evaluation for special education, the referral concern from the referral team should drive the evaluation process which should start with observations of the student in the environment of concern, interviews with the educational team, and review of student work. For re-evaluations, the review of existing data process drives the evaluation process.</p> <p>The collected information informs the selection of evaluation tools, including standardized assessments.</p>	<p>A medical referral/prescription is only required if health insurance companies require it for reimbursement.</p> <p>The therapist, in partnership with the patient and family and physician, agree upon a plan of care that is carried out by a therapist, including the focus, frequency, and duration of therapy.</p>

<p><b>What Is the focus of the services?</b></p>	<p>Related services are provided only when they support an educational need such as</p> <ul style="list-style-type: none"> <li>• assisting a student to achieve educational goals developed by the Individualized Education Program (IEP) team</li> <li>• promoting access to academic curriculum and participation in other school activities</li> <li>• improving access to the school environment</li> <li>• addressing transition to kindergarten, transition to new buildings/grade levels, and post-secondary transition goals</li> </ul>	<p>Therapy is related to medical conditions, symptoms, and/or disabilities and may focus on the quality of performance along with function.</p> <p>Therapy focuses on treatment to</p> <ul style="list-style-type: none"> <li>• alleviate or cure specific underlying medical pathologies</li> <li>• provide adaptations or alternatives to functional tasks and activities</li> </ul>
<p><b>Delivery model?</b></p> <p><b>Where</b></p>	<p>The IEP team determines in what setting services occur.</p> <p>IDEA states that children be educated with their typically developing peers to the maximum extent appropriate, 34 CFR. 300.114(a)(2).</p> <p>In the least restrictive environment in the school where the student is expected to perform the task (eg, classrooms, hallways, stairs, lunchroom, bathroom, playground, worksites, buses, community, or other instructional settings)</p> <p>In a separate location, only when an intervention requires privacy or the student needs intense remediation that cannot be carried out in the natural environment</p>	<p>Typical settings for the delivery of services in a medical model are a clinic, hospital, home, or community.</p>
<p><b>Delivery model?</b></p> <p><b>How</b></p>	<p>Services for or on behalf of a student may be delivered through a specific delivery model or a combination of service models depending on the needs of the student, such as, but not limited to,</p> <ul style="list-style-type: none"> <li>• integration of therapy into the student’s actual classroom or school activities</li> <li>• direct intervention in groups or individually, where necessary</li> <li>• consultation and collaboration with school staff and parent/guardian</li> </ul>	<p>Services are typically provided in a direct one-on-one setting with consultation provided to the patient/family as appropriate.</p>
<p><b>Delivery model?</b></p> <p><b>Who</b></p>	<p>Services may be provided by a licensed therapist. Some interventions and/or programs can be provided by educational staff such as teachers and</p>	<p>A licensed therapist provides services.</p>

	paraprofessionals acting under the supervision of a licensed therapist.	
<b>How are services documented?</b>	<p>Services must be documented in compliance with federal, state, and local education agency guidelines and be related to student’s progress towards his/her IEP goals.</p> <p>Paperwork must be in compliance with guidelines when seeking reimbursement from medical insurance such as Medicaid.</p>	<p>Services are documented in compliance with insurance requirements to justify medical necessity and skilled care using ICD9/10 diagnostic codes and CPT billing codes that are supported by the clinical documentation.</p> <p>Documentation is kept in a medical record in accordance with facility’s accreditation standards, guidelines of the setting, and best practice.</p>
<b>Who pays?</b>	Services are provided at no cost to the family as outlined in the IDEA, and schools may bill third-party payers, such as Medicaid, with parent/guardian permission.	Therapies are paid through insurance, private pay, Medicaid or other means; however, reimbursement for services may be limited by insurance coverage.
<b>What are the laws/ rules regarding the provision of services?</b>	<p>Federal and state laws mandate the provision of related services, including educationally relevant OT, PT, and speech/language for children with disabilities who need such services to benefit from special education.</p> <p>Under the Individuals with Disabilities Education Act (IDEA), occupational, physical and speech therapies are provided and “may be required to assist a child with a disability to benefit from special education, ...” 34 CFR. 300.34.</p> <p>Under Section 504 of the Rehabilitation Act, school systems are required to provide related services, such as OT or PT, but special education funds cannot be used.</p>	<p>Therapy services are not legally mandated and it is the parent’s choice to pursue or be involved in therapies.</p> <p>A physician referral for therapy is made based on a specific diagnosis or delay.</p> <p>The plan of care is developed by the therapist and requires the physician’s signature to implement.</p>
<b>What are the goals and objectives of services?</b>	<p>Services on an IEP are to address the unique needs of the child that result from a disability and to ensure access to the general curriculum, so that the child can meet the educational standards, specifically</p> <ul style="list-style-type: none"> <li>● support educational and functional needs across the curriculum and educational environments and promote inclusion in the least restrictive environment</li> <li>● related to skills needed to make progress toward the state academic standards and access the educational environment</li> </ul>	<p>The goal of therapy is to heal or alleviate symptoms of a concerning issue or condition. They are also</p> <ul style="list-style-type: none"> <li>● rehabilitative or habilitative in nature</li> <li>● developed into a plan of care and approved by the physician</li> <li>● addressing underlying medical conditions and impairments</li> <li>● directed toward treatment of acute and chronic conditions</li> <li>● utilizing evidence-based practices</li> </ul>

	<ul style="list-style-type: none"> <li>● educational in nature and in line with the individual student's strengths and needs relative to to benefiting from the school-based program</li> <li>● determined by the IEP team with therapist input and based on data</li> <li>● utilizes evidence-based practices</li> </ul>	
<p><b>How are services discontinued?</b></p>	<p>The IEP or 504 team meets, reviews data, and considers whether the educational progress of the student in the areas of academic, developmental, and functional skills indicate the need for continued support.</p> <p>Considerations could be:</p> <ul style="list-style-type: none"> <li>● no longer any goals, accommodations or staff/student training that requires the intervention of the therapist</li> <li>● evaluation data indicates a student no longer has a need</li> <li>● expertise of the therapist is no longer a necessary component of the student's educational program in order for the student to achieve academic, developmental, and functional outcomes of the IEP</li> </ul>	<p>Patient is discharged when the patient meets goals or their progress plateaus.</p>

**Questions to consider when discussing related services:**

- Is a licensed therapist's knowledge and expertise required in order for the student to achieve the identified outcomes for this IEP?
- What supports student's performance?
- What limits student's performance?
- What does the student need to:
  - access the classroom and campus?
  - participate in extracurricular & nonacademic activities?
  - learn and participate with nondisabled students?
  - achieve his/her IEP goals?

### Physical Therapy *examples*

	<b>Educational Model</b>	<b>Clinical/ Medical Model</b>
<b>Gait Training</b>	To improve efficiency, speed to safely move between classes.	To improve heel strike or attain normal gait pattern, not required for daily function.
<b>Range of Motion</b>	Positioning program to address range of motion daily during class activities. Goal to attain the range needed for daily living.	Program to gain full physiological joint range, beyond what is required for daily living.
<b>Change in physical status</b>	Adapting equipment, schedule, or environment to provide access to special education/meet IEP goals.	Rehabilitate for strength, range of motion to attain full potential post surgery.

### Speech Language Therapy *examples*

	<b>Educational Model</b>	<b>Clinical/ Medical Model</b>
<b>Expressive language</b>	Increase expressive language skills by formulating sentences related to age appropriate text during English Language Arts (ELA) instruction.	Improve expressive language skills to request basic wants and needs.
<b>Articulation</b>	Increase intelligibility of target sounds in words and phrases during classroom activities.	Increase intelligibility of target sounds in words when communicating with caregivers in the home setting.
<b>Receptive language</b>	Follow 2-step verbal directions during academic instruction.	Follow 2-step verbal directions involving prepositions across community settings.

### Occupational Therapy *examples*

	<b>Educational Model</b>	<b>Clinical/ Medical Model</b>
<b>Fine Motor Skills</b>	Provides adapted writing utensils such as built-up crayons and loop scissors for improved function during small group craft session. Provides therapy during small group for student practice in the context of the skill. Adapts toys in centers with velcro and places items on low shelves so student can reach without adult help. Coaches classroom staff on adaptations.	Targets fine motor skills and hand strength to developmentally appropriate level. Performs range of motion and handling techniques to reduce increased tone and improve joint mobility to complete range of motion. Collaborates and trains family and caregivers.
<b>Feeding</b>	Provides therapy in the classroom, coaches teacher and paraprofessional on ways to promote safe self-feeding through positioning and handling techniques during school meal times. Provides divided plate, built-up spoon, and Honey Bear cup.	Utilizes various handling and manual therapies to reduce tone on a mat table in a therapy space. Performs passive range of motion stretches to bilateral arms, hands, fingers, cheeks, and lips to promote better posture for feeding.
<b>Self-care</b>	Assists the child to put on and take off coat when entering and exiting the classroom. Practices toothbrushing and handwashing at the classroom sink.	Through activity simulation, teaches adapted ways to perform one-handed dressing skills for function at home..

## References:

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