

## Recommendations for Caseload/Workload for Therapists in School-Based Practice

When occupational therapy and physical therapy are provided as educational services, decisions regarding what type of therapy is provided, how it is provided and who is to provide it are directly tied to the student's overall educational program. All team members support the attainment of these educational goals. Thus, therapy and other related services become a means or method to attain educational goals and objectives/benchmarks, rather than the focus of separate therapy goals or objectives/benchmarks. School-based therapy is not intended to meet all the therapy needs of a student but is intended to meet needs of the student to promote success in the educational environment.

Occupational therapy and physical therapy, in the educational setting, have traditionally been classified as "related services". This therapy is provided to enhance the student's ability to adapt to and function in educational settings. As members of multidisciplinary teams, occupational therapists and physical therapists also assist in determining appropriate programs for those students with disabilities. All therapy within the educational setting must have a relationship to educational performance while directly impacting the student's ability to benefit from their educational experiences.

Occupational therapists and physical therapists in schools need to identify the educational significance of therapy provided to students. Educationally-related therapy needs remain broad and allow for varying interpretations at local levels dependent on individual student needs. The most common educational purposes for students to receive occupational therapy and/or physical therapy services within the school environment include:

1. Enhancing school mobility and participation in educational activities by increasing strength, accuracy and speed.
2. Ensuring easier total care by maintaining flexibility.
3. Improving manipulative skills for self-care and paper/pencil tasks through reach, grasp and dexterity.
4. Enhancing comfort, participation and attending by maintaining functional postures.
5. Increasing functional use of hands and visual regard by providing stable positions.
6. Ensuring independence in feeding and oral motor skills for safety and nourishment.
7. Maintaining functional movement by prevention of contractures and deformities.
8. Facilitating safety in the school environment by decreasing the possibility of injury to student's self or others as he/she moves or performs skills/tasks.
9. Improving success for small muscle school tasks by increasing coordination of eye- hand movements.
10. Facilitating access to and mobility within school by assessing and changing the environment.
11. Increasing functional use of extremities through adapted equipment.
12. Enhancing ability to learn through sensorimotor activities that address motor planning, attending and behavior issues.
13. Arranging preparation for vocational needs.
14. Promoting competency and safety of educational staff in body mechanics, handling techniques, motor skills and classroom adaptations.
15. Facilitating student's independence through access to assistive technology.

Guidelines for determination of caseload or workload:

A simple caseload also does not recognize the potential occupational therapy contribution to the Individuals with Disabilities Education Improvement Act of 2004's (IDEA's) participation focus or its mandate that services support access to and progress in the general education curriculum or natural environments.

A caseload approach typically sets a limit to the number of children and number of schools a therapist can provide service to directly or as a consultant. A workload approach includes recognition that every child placed on a caseload simultaneously includes administrative tasks (i.e., assessment, writing reports, and meetings). The concept of *workload* encompasses all the work activities performed that benefit students directly and indirectly. *Caseload* refers only to the number of children seen by occupational therapy as part of the individual education program (IEP) or individualized family service plan (IFSP).

Examples of activities a therapist will typically encounter weekly are:

- Intervention
- Documentation
- Evaluation, screening, and assessment
- Team meetings
- Consultation with other staff members (e.g., teachers, psychologist, assistants)
- Travel between sites
- Child-specific data collection
- IEP/IFSP development
- Case management
- Transition services
- Parent and staff training or in-service
- Participation in schoolwide activities
- Participation in EI or pre-referral activities.

Determining need based on therapist's availability is problematic because it ignores the individual needs of the child, a child's learning context in the classroom, and often results in a workload that is unmanageable. Typical (average) caseload limits within the US range from 30-40 per therapist and include no more than 3-5 schools. See table below for specific information (with references).

State	Caseload or Workload?	Number of children & schools
Wisconsin <a href="http://dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf">http://dpi.wi.gov/sites/default/files/imce/sped/pdf/ot-pt-guide-2nd-edition.pdf</a>	Caseload	30 maximum unless supervising an OTA when the acceptable caseload is 45. Based on the OT's full-time equivalency (FTE). A full-time OT is employed for a full day, five days a week. A 1.0 FTE OT may supervise no more than 2.0 FTE OTA positions and no more than 3 OTAs in total. For instance, if the OTA is .50 FTE, a supervisory OT must be in the district at least .25 FTE.
Ohio <a href="http://otptat.ohio.gov/Portals/0/Pubs/School%20Based%20OT-">http://otptat.ohio.gov/Portals/0/Pubs/School%20Based%20OT-</a>	Caseload	OT or PT shall provide services to no more than 50 school-age students or 40 preschool students. The Ohio Department of Education interprets this as the

<a href="#">PT%20Caseload%20Position%20Paper%20June%202011.pdf</a>		number of students to whom the therapist provides direct service.
Washington State <a href="https://wsha.memberclicks.net/assets/documents/Educational_SLP/bargaining%20-%20contractlangslp_8-17-2012.pdf">https://wsha.memberclicks.net/assets/documents/Educational_SLP/bargaining%20-%20contractlangslp_8-17-2012.pdf</a>	Caseload	25-40 OT/PT shall not provide services to more than 30 preschool or 40 school age children.
Bureau of Indian Affairs <a href="https://www.bie.edu/cs/groups/public/documents/text/idc-000717.pdf">https://www.bie.edu/cs/groups/public/documents/text/idc-000717.pdf</a>	Caseload	Elementary K-5 30-50  Middle School 6 <sup>th</sup> -High School- 30-60
North Carolina <a href="http://www.esc20.net/users/0124/docs/5%20OT%20PT%20SLP%20Caseload%20Considerations.pdf">http://www.esc20.net/users/0124/docs/5%20OT%20PT%20SLP%20Caseload%20Considerations.pdf</a>	Workload	Formula below  A 1.7 multiplier is derived (based on breakdown of 1 FTE full-time equivalent at 40 hours/week) as follows: <ul style="list-style-type: none"> <li>• 72% - intervention, documentation, and planning (allowing 1 hour of documentation for every 4 hours spent intervening)</li> <li>• for 40 hours/week, this means 29 hours for intervention, documentation, and planning</li> <li>• of those 29 hours, 20%, or 5.8 hours will be spent documenting</li> <li>• this leaves 23.2 hours available for student contact, e.g., 23.8 IEP hours can be assigned per FTE</li> <li>• 13.2% - assessment (5.3 hours/week)</li> <li>• 8% - IEP meetings and staffings (3.2 hours/week)</li> <li>• 6.3% - lunch (2.5 hours/week)</li> </ul>
California <a href="http://www.bot.ca.gov/forms_pubs/otpot_guidelines_2012.pdf">http://www.bot.ca.gov/forms_pubs/otpot_guidelines_2012.pdf</a>	Workload	Formula is calculated for each district by a specified workload formulation. See attached form for that calculation.

The work load in North Carolina's formula might work out as follows: one full-time therapist might provide 25 hours of individual, small group, and/or consultation per week to a caseload of 45 children, at a single site (i.e., no driving time). The remaining time in the week might be spent in meetings, documentation, and assessments. Another full-time therapist who must drive to multiple school sites each week might provide 15 hours of services to an individual, a small group, or consultation each week

to a caseload of 50 children. Again, the remaining time in the week would be spent in meetings, documentation, and assessments.

The AOTA (1977) states that previous guidelines recommended each therapist handle 16-43 students, depending on the type, frequency and duration of service, plus travel expectations.

See attached workload calculation form that California uses.