

03/31/2010

Paychecks for April 2nd, 2010: Your paychecks are scheduled to be in your bank accounts this Thursday, a day early, as Friday is a holiday.

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PTO: PRemployer has corrected their PTO program to include our PTO on the paychecks. It should be printed on this Friday's paycheck correctly. Please check it for accuracy for the next few weeks. If you feel there may be an error, please let Freta know. On applicable anniversaries (your third, fifth, and tenth anniversaries with STS) you should see your PTO rate-per-hour increase.

03/31/2010

ALL Employees: **Please check your email daily.** Even if you work less than full-time we may need an answer from you in a timely manner.

03/31/2010

THERAPISTS: Daily Logs are due no later than 8:00 AM the next day.
Last week, 7 out of 19 therapists were late one (or more!) times with DL's.
If Freta has to call you looking for a log, then you are considered delinquent, and your delinquency is documented.

03/24/2010

March 23rd, 2010: **Speech Therapy Search:** We are moving along through our interview process, and plan to schedule 2nd interviews with two applicants next week. I hope that we will be in a position to extend a job offer soon. In the meantime, a big **"THANK YOU"** goes to the speech department for all their hard work!

03/24/2010

Therapists: We have posted the School Function Assessment (SFA) in our Resources section. You may want to refer to this assessment as a reference list for your assessments on your evaluation. Also, if you'd like to use this as a standardized test, we do have original forms and the book in our clinic.

All Employees: Our Dress Code states that a shirt with an STS logo must be worn every day, in addition to having your name and credentials visible (embroidered on your shirt, or a name tag). This is **NOT** an Either/OR situation, it is **both** the logo shirt and the name tag. New employees should be in compliance by the end of their first month of employment. PRN (temporary) personnel are not required to wear an STS shirt, but are required to wear a name tag.

Kristin will be out of town Wed—Fri, March 24th—26th. Please direct any emergent questions to Freta, or cc emails to her. Kristin will respond to emails the week of March 29th.

03/17/2010

DUE: 5PM Thursday, March 18th, TOMORROW.

Four weeks ago, Freta requested your assistance in reviewing the patient lists to look for any patients that may have been omitted from the database due to a hard drive failure. To date, Freta has rec'd responses from only three therapists: Kari, Kristi, and Tera.

Today another patient was discovered missing from the database. If a patient is not in the database, the therapy you have provided has been billed to NO ONE.

We need your assistance! Please compare your patient list/schedule to the reports attached. **If you treat or know of a patient that is not listed on the above documents, report the name to Freta immediately.**

Everyone with the exception of Kari, Kristi, and Tera must respond or you will be considered delinquent.

[Patient Contact List 021510](#)

03/17/2010

Therapists' Licenses: Please make sure you send a copy of your new therapy license to the office as soon as you receive it. We have to post your licenses in our office, as well as share them as requested by EI programs and schools. It is your responsibility to make sure we have a copy of your current state (and ASHA) license. Those of you who have not done this need to respond immediately. Questions: contact judy@sumlartherapy.com.

03/17/2010

School Therapists: New Format for Evaluations, School Records, and Quarterly Progress Reports for 2010-2011 School Year

Let me start by saying if you are one of the industrious ones that have already completed your school annual re-evals and emailed them off—don't panic, I don't want you to change a thing on your evals. Just recognize that the teacher may not use your goals for the IEP or your current level of performance summary. She will be noting your frequency and duration recommendations, however, and including those on the IEP, or whatever the IEP team decides is appropriate. (That last sentence is your reminder that just because you wrote "once a week for 30 minutes" on your eval doesn't mean that's what's going to wind up in the IEP—so get a copy of your IEPs next year when school starts and CHECK it so we're in compliance—but that's a topic for later.)

Please review the website link for the Alabama State Department of Education, where all the Standards, Extended Standards, and IEP Example Documents are located. I have also placed the most pertinent of these documents (pertinent for therapists) on our employee website under Resources. "Standards" is essentially a word for what we as therapists call "Goals." "Standards" are a list of all the academic goals a student should meet as he or she passes through

the public education system, never leaving “a child behind,” ensuring that everyone is held to the same standard. “Extended Standards” are for the kids we are typically seeing for therapy. These are lower “standards,” essentially ideas for goals that still relate to the three big educational areas of Science, Math, and Reading, which is the reason every child is in school, no matter at what level they can function. The list of Extended Standards, then, is an additional list that the special education teachers can choose their student’s goals from, and I have included on our website the three lists of Extended Standards so you can familiarize yourself with them.

Here is a paragraph re: Standards from the document “Getting Started with Standards”:

“Standards-based reform developed out of the common-sense notion that student effort and level of achievement are directly affected by expectations that have been set. Thus, standard-based reform calls for the setting of standards in academic subject areas as an important means of improving student achievement. Once agreed upon, standards are expected to affect performance by providing a focus for the efforts of students, teachers, and schools and by providing a yardstick for monitoring progress. (McLaughlin, Shepard, and O’Day, p. 1)”

I have included this form now on our website resources, and you’ll see it is also on the state website. It goes on to clarify:

“These same assumptions support the use of challenging standards in the *No Child Left Behind Act (NCLB) of 2001*, which bases policy and practice on rigorous content standards and linked assessments. Under the new law, funding provided by Title I and other sources is designed to be used to provide Title I students and schools with the extra time and services necessary to meet new expectations for high achievement adopted by state departments of education and local school systems. While taking into account that states differ in operation of schools, the new law requires each state participating in Title I to adopt challenging content standards in academic subjects as well as high standards for student performance. These standards must apply equally to Title I schools and other schools and to *all* students. These state-adopted standards must reflect the same knowledge, skills, and performance levels that are expected of all students, and must cover at least mathematics and reading.

What are academic standards? Academic standards are public statements about what students should know and be able to do. Standards describe the goal of schooling – the destinations at which students should arrive at the end of the year. However, standards do not prescribe how to get to the destination; standards are the WHAT of education while local curriculum and instruction are the HOW.

Standards serve as a focus for initializing reform efforts to ensure that all students are successful. The information contained in this resource document is designed to reinforce those efforts by providing guidance for educators, parents, and students as they “get started” with standards-based reform.”

Therapy fits in not as the WHAT of education, but as the HOW--so not as an IEP goal page (ie,

Gross Motor Page), but as a service to help the student achieve their academic goals. Therapy is a “Related Service” in the school system, utilized for the support of the children in the educational environment, which is focused on the BIG Three: Reading, Math, and Science. Not Gross Motor and Fine Motor—you should not find any school-age teacher still making up a page called Gross Motor or Fine Motor. There is an exception for Pre-School (Pre-K)—they can put a Physical Development (Gross or Fine) page on the IEP, and you will find all the goals for Pre-K in the document “Developmental Standards for Preschool Children with Disabilities.” I posted this on our website as “Preschool Goals in the Schools.”

EVALS/Re-EVALS: **(CHANGE)** Our evaluations can be much shorter now, so you can jump for joy! The header will remain the same, but the contents/format will be in three main parts.

1. You will still start your report with your main paragraph(s), encompassing all pertinent subjective and objective information, in narrative format, or in a chart format as needed for standardized testing results—essentially what you’ve always done. You may (and should) use your clinical therapy terminology.
2. Assessment: is a narrative listing and describes the student’s deficits as they relate to the educational environment. The list on the School Function Assessment is very helpful. You can refer to the SFA for ideas, or use your own. Essentially, you need to “state the obvious” that we haven’t always included in our reports. I know that I have often left too much to assumption, perhaps noting a goal for steps (ie, Student shall ascend and descend a flight of steps with close supervision using the handrail), but not indicating the obvious—that this student “will be required to go upstairs and downstairs twice a day and he is at risk for falling.” OT’s might want to address issues such as “The student has great difficulty copying notes from the board onto notebook paper,” or the speech therapist may state that the student “has difficulty stringing three words together to communicate basic needs.” This is the section of the report where you prove your worth—what the student needs help with that relates to the educational environment—which relates to the Standards and the Extended Standards that the teacher will be using as goals. What are the weakness you will be addressing? In general? Specifically?
3. Recommendations: Indicate frequency (how many times per week or month) and duration (time of each session). You might indicate if you intend for all of the time to be spent as direct treatment, or if you intend to consult with teachers, etc., but I don’t think that most teachers think listing this division of time is necessary, and can be cumbersome.

School Record: **(CHANGE)** This is where we will record our goals and narratives of each session.

- We will use clinical terminology, and write these notes as if they will be audited by a payor source attempting to determine that the service you provided was necessary and therapeutic, requiring a licensed professional to provide the service.
- Don’t copy and paste your goals on the School Record and print out *4 copies* at the beginning of the school year. Print out one. Assume that from that point on you will be handwriting new goals as you progress through the year.
- We will use one or several LTG’s, with STG’s, just like we do on our EI notes. Therapist Assistants can and should write new STG’s as the old ones are met, not to exceed the LTG’s as set by the therapist. No therapist should indicate that the

goals are met and continue treating without documenting new goals. Frequent, new, STG's should be set.

- Goals are the words we use to “draw a picture” or a “map” describing where we’re headed—we’ve got to be headed somewhere.
- Our narrative report describes *where we are right now*, our current level of performance, not just what “*we worked on.*” This should include details of task as well as documentation of assistance level, assistive devices, success rate, etc. For Example: “Charlie ambulated 24’ with his gait trainer, with verbal cues only for several feet, but with minimal assistance to propel forward through final 10 feet, level surface (tile).” In this statement, or in a prior statement, the gait trainer should be described, indicating the supports, such as “Charlie’s Rifton Gait Trainer has chest and arm prompts.” Don’t write your note this way: “We worked on walking today, a little better than last time.” Please DO use your medical terminology and abbreviations in these notes.
- Use your goals frequently and effectively next year. Don’t write short-term goals that you don’t expect to meet until 12 months has passed—write STG’s for the next several weeks, like you do in EI. Your LTG’s may be for a year, and if you meet them early, the supervising therapist should write new ones, if the child still needs therapy. The supervising therapist will be seeing the child frequently, so creating new LTG’s should not be a problem. If you are making a supervisory visit, and notice that the child is getting close to meeting the LTG, you may go ahead and increase it at that visit. Or you may write a new LTG for a patient when your assistant indicates that one is needed, in the case of “surprise progress.”
- Date your goals, when achieved and when set. This adds to your documentation trail.
- We need to work this plan within the system of the IEP and the school setting. If the child has therapy listed on the IEP, you’ve got to have goals and documentation. If you feel the child should be discharged, you’ve got to discuss this in the context of the IEP team and an amendment to the IEP.

Quarterly Progress Reports: (CHANGE) Communication with parents is key. In the school system it is required that teachers communicate at least every nine weeks (“grade” cards), and therefore we will too. We will not list the Benchmarks on the Progress Reports anymore, as PT and OT won’t necessarily have any “Benchmarks” for school-age kids. We very well might for Pre-K, but we’ll address those in narrative format just as we do for the school-age kids. Our form will simply be four (larger) boxes, in which you will write a narrative each nine weeks. You will address the items you have been working on in therapy, WITH the present level of performance. (Don’t just say, we’ve been working on copying letters, indicate which letters, how much assistance, %age of success.) As we do now, you will need to make *two copies* each quarter, giving one to the teacher, and one to the child (put it in their backpack to go home). You will keep the original.

Therapy Notes: We will continue to use the two-part therapy notes for communication as needed with parents and teachers. I noted above that teachers are required to communicate with parents every nine weeks, but they are also required to communicate on an as-needed basis, therefore we

will follow the same guidelines.

I have not modified the School Record or Quarterly Progress Note. I will make the modifications within the next two weeks, and post the new version on our website. At that time, or any time between then and school starting next August, you may prepare your School Records for the 2010-2011 school year.

Please complete and distribute all of your school evals by April 1st.

03/14/2010

Therapists: Please review the following documents regarding providing therapy in the schools. All of these documents are from the AL Department of Education. I would recommend you review these documents here, as well as go to the website to place these documents in context:

<http://www.alsde.edu/html/sections/documents.asp?section=65&sort=16&footer=sections>

You must be familiar with these documents if you work in any school. One of our therapists was stopped by a state department employee last week and questioned about her knowledge of these documents and about her goals in the schools.

Print out some of the IEP examples for your close review. Notice that none of our “traditional” goals are on the school-age IEPs, but our services are linked to pages representing goals from the science, math, or reading standards. Pre-school goals look more like what we are used to; print out the document “Preschool Goals in the Schools” as this will be a source document for your preschool goals.

Review the Extended Standards, but don’t print them out. These are goals that the teacher will be choosing from.

We are currently considering a new approach for our evaluation format, school record, and quarterly progress report. Many of you have noticed that even when you include goals on your report the teachers are not including them in the IEP. I will continue to research a format that I think will satisfy the educational department as well as our other payor source in the schools, Medicaid. If you have any helpful information, something you have picked up on in the schools, please let me know.

Forms are located on forms page under [ALSDE Special Education Publications Standards](#)

03/08/2010

Oh, no! More “transitions!” Kari informed me that she too will be heading back home this summer, as her husband will finish his training at Ft. Rucker around August. Kari has done a wonderful job for us this year, and we will miss her very much. She has made a good impression in the schools, and we’ve enjoyed working with her. BUT--this means we will be looking for two OT’s to start the school year with us in July or August, so keep your eyes and ears open for just the right candidates!

03/08/2010

Wedding bells and congratulations are in order for Tara Stewart, who became engaged this weekend to Dustin Fowler. The wedding date is set for August!