**MyPGS**

# Washoe County School District

# Professional Growth System

## Occupational Therapist Evaluation Rubric

| STANDARD 1<br>Planning and Preparation | STANDARD 2<br>Classroom Environment | STANDARD 3<br>Instruction | STANDARD 4<br>Professional Responsibility |
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| **1a**<br>**Demonstrating Knowledge of Content**<br>• *Knowledge of frames of reference*<br>• *Knowledge of educational model*<br>• *Knowledge of task analysis* | **2a**<br>**Creating an Environment of Respect and Rapport**<br>• *Occupational Therapist/student interactions*<br>• *Student/student interactions*<br>• *Occupational Therapist interactions with other professionals* | **3a**<br>**Communicating Clearly and Accurately**<br>• *Directions and procedures for students*<br>• *Directions and procedures for teachers, paraprofessionals and parents*<br>• *Oral and written language*<br>• *Communication during the IEP process* | **4a**<br>**Reflecting on Therapy**<br>• *Accuracy*<br>• *Use in future therapy* |
| **1b**<br>**Demonstrating Knowledge of Students**<br>• *Knowledge of developmental characteristics of all age groups 3-21*<br>• *Knowledge of the learning and processing styles*<br>• *Knowledge of students' skills and abilities*<br>• *Knowledge of students' interests, cultural heritage, and special needs* | **2b**<br>**Establishing a Culture for Learning**<br>• *Importance of the content*<br>• *Expectations for learning and achievement* | **3b**<br>**Using Questioning and Discussion Techniques**<br>• *Quality of questions*<br>• *Discussion techniques*<br>• *Student participation* | **4b**<br>**Maintaining Accurate Records**<br>• *Maintaining student Occupational Therapy files*<br>• *Recording student progress toward IEP goals*<br>• *Recording contact with students*<br>• *Equipment records*<br>• *Occupational Therapy assessments* |
| **1c**<br>**Setting Instructional / IEP Goals**<br>• *Value*<br>• *Clarity*<br>• *Suitability for diverse students*<br>• *Balance* | **2c**<br>**Managing Procedures**<br>• *Therapy groups*<br>• *Schedules*<br>• *Materials and supplies*<br>• *Assessment and reporting*<br>• *Documentation*<br>• *Volunteers and paraprofessionals*<br>• *Supervision of Certified Occupational Therapy Assistants (COTA)* | **3c**<br>**Engaging Students in Learning**<br>• *Enhancing presentation of content*<br>• *Therapy materials and resources*<br>• *Structure and pacing* | **4c**<br>**Communicating with Families and Staff**<br>• *Information about the Occupational Therapy program*<br>• *Information about individual students*<br>• *Engagement of families in the Occupational Therapy program* |
| **1d**<br>**Demonstrating Knowledge of Resources**<br>• *Resources for therapy*<br>• *Resources for students and teachers*<br>• *Knowledge of technological resources and computer literacy* | **2d**<br>**Managing Student Behavior**<br>• *Expectations*<br>• *Monitoring of student behavior*<br>• *Response to student misbehavior* | **3d**<br>**Providing Feedback to Students**<br>• *Quality*<br>• *Timeliness* | **4d**<br>**Contributing to School and District**<br>• *Relationships with colleagues*<br>• *Service to school*<br>• *Participation in school and district projects* |

| | | | • *Contribution to the development of district-wide Occupational Therapy policies and procedures* |
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| **1e**<br>**Designing Coherent Instruction**<br>• *Therapy activities*<br>• *Therapy materials and resources*<br>• *Therapy groups*<br>• *Structure of direct therapy session*<br>• *Structure of consultation* | **2e**<br>**Organizing Physical Space**<br>• *Safety, sensory, environment, and accessibility*<br>• *Least restrictive environment* | **3e**<br>**Demonstrating Flexibility and Responsiveness**<br>• *Service delivery*<br>• *Therapy session adjustment*<br>• *Response to students*<br>• *Response to teachers and other professionals*<br>• *Persistence* | **4e**<br>**Growing and Developing Professionally**<br>• *Enhancement of content knowledge and knowledge of therapeutic techniques*<br>• *Service to profession and fulfilling professional responsibilities* |
| **1f**<br>**Assessing Student Learning**<br>• *Congruence with IEP goals*<br>• *Criteria and standards*<br>• *Use for planning* | | **3f**<br>**Using Student Assessment Data**<br>• *IEP goals and expectations for student performance*<br>• *Connecting assessment data to therapy decisions* | **4f**<br>**Showing Professionalism**<br>• *Advocacy*<br>• *Decision making* |

| STANDARD 1 PLANNING AND PREPARATION | | | | |
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| **COMPONENTS** *Elements* | **INEFFECTIVE** | **MINIMALLY EFFECTIVE** | **EFFECTIVE** | **HIGHLY EFFECTIVE** |
| **1a** **Demonstrating Knowledge of Content** <br>• *Knowledge of frames of reference* <br>• *Knowledge of educational model* <br>• *Knowledge of task analysis* | Makes errors in the communication about or the application of theories and frames of reference of the occupational therapy discipline. <br><br>Utilizes the medical model and writes goals and objectives in the IEP that strive toward making a student better rather than helping the student to succeed with his/her special education. <br><br>Displays little understanding of the components involved in completing a given task, and is surprised by the difficulties the student demonstrates | Displays basic knowledge of occupational therapy theories and frames of reference, but cannot articulate connections with other parts of the discipline or with other disciplines. <br><br>Is occasionally confused about the difference between the educational and medical models of occupational therapy, and has difficulty explaining the difference convincingly. <br><br>Displays a basic understanding of the components of a specific task, but does not anticipate student difficulties | Displays solid knowledge of occupational therapy theories and frames of reference, and makes connections to other parts of the discipline and to other disciplines. <br><br>Is able to explain the difference between the educational and medical models to the satisfaction of parents and teachers. <br><br>Anticipates most of the motor and cognitive steps and sensory situations involved in a task, and can usually present it so that the student succeeds. | Displays extensive knowledge of occupational therapy theories and frames of reference with evidence of continuing pursuit of such knowledge. <br><br>Consistently helps all of the members of the IEP team to focus on educational goals, and explains that medical issues are not within the jurisdiction of IDEA. <br><br>Anticipates the motor and cognitive steps and the sensory situations involved in a task, and quickly makes adjustments as needed in the presentation of the task. |
| **1b** **Demonstrating Knowledge of Students** <br>• *Knowledge of developmental characteristics of all age groups 3-21* <br>• *Knowledge of the learning and processing styles* <br>• *Knowledge of students' skills and abilities* <br>• *Knowledge of students' interests, cultural heritage, and special needs* | Displays minimal knowledge of motor, cognitive and social/ developmental characteristics of any age group. <br><br>Has difficulty differentiating learning and processing styles typical of students with various disabilities. <br><br>Has a weak understanding of the student's sensory, motor, and processing abilities and styles, and subsequent consultation and direct therapy may be inconsistent in focus and direction. <br><br>Displays little knowledge of students' interests or cultural heritage, and does not indicate that such knowledge is valuable. | Displays generally accurate knowledge of typical motor, cognitive and social/ developmental characteristics of an age group. <br><br>Displays general understanding of the different approaches to learning that students exhibit, and includes this to a limited extent in planning therapy approaches. <br><br>Displays some understanding of the student's sensory, motor, and processing abilities and styles, but may be inconsistent in using this information for consultation or direct therapy. <br><br>Recognizes the value of understanding students' interests or cultural heritage, but does not recognize when certain actions or responses have cultural implications. | Displays thorough understanding of typical motor, cognitive and social/ developmental characteristics of each age group as well as exceptions to general patterns. <br><br>Displays thorough understanding of the learning and processing styles common to various disabilities, but inconsistently uses approaches that utilizes student strengths. <br><br>Displays knowledge of the student's sensory, motor and processing abilities and styles at the time that an IEP is developed, and updates this knowledge with skilled observation when necessary for consultation or direct therapy. <br><br>Displays knowledge of the interests or cultural heritage of each student, and demonstrates recognition of the value of this knowledge. | Displays knowledge of typical motor, cognitive and social/ developmental characteristics of each age group, exceptions to the patterns, and the extent to which each student follows the patterns. <br><br>Displays thorough understanding of the learning and processing styles common to various disabilities and incorporates student strengths and learning styles into planning. <br><br>Displays knowledge of the student's sensory, motor, and processing abilities and styles so that when parents or teachers describe current function of the student, spontaneous, informed consultation by the Therapist is accurate and useful. <br><br>Displays knowledge of the interest and cultural heritage of each student, and seeks additional information about the cultures of the students. |

| 1c Setting Instructional / IEP Goals • *Value* • *Clarity* • *Suitability for diverse students* • *Balance* | Is swayed by team members to provide therapy based on a diagnosis rather than the value the therapy might have toward educational goals.<br><br>Creates goals that cannot be measured or do not have a direct connection to student learning, and does not take into consideration student levels, learning styles or cultural backgrounds in planning therapy sessions or in consulting, so students often become frustrated.<br><br>Conducts pull-out sessions, fails to make teachers aware of what the Therapist does with the student, and rarely consults with the teacher. | Provides services as stipulated in the IEP, but the value of the services are not always clear, and some therapy does not have a clear educational purpose.<br><br>Creates goals that are specific to occupational therapy, but do not have clear meaning to teachers or other educators.<br><br>Is not clear and specific about service delivery time stated in the IEP.<br><br>Conducts many therapy sessions that are too difficult or too easy for a student, and teachers question suitability of suggestions made during consultation.<br><br>Provides therapy that is primarily direct service with minimal consultation to allow carryover in the classroom when the Therapist is not present. | Writes IEP goals that support the district standards, but provides service to students only when this service is essential toward progress on IEP goals.<br><br>Creates clear and measurable goals that describe educational progress, and the focus of the therapy services to be provided is clearly stated in the IEP or accompanying notes.<br><br>Provides clear and specific service delivery times.<br><br>Conducts therapy sessions that usually present activities specific to the student's level, learning style and culture, and teachers try suggestions made during consultation.<br><br>Provides therapy consisting of regular consultation, but the Therapist may not have current direct knowledge of the student's functioning in the classroom. | Provides services to students when this service is essential toward progress on IEP goals, and makes frequent progress checks and adjustments to optimize the value of the therapy.<br><br>Consistently assists IEP team in wording clear, measurable goals that identify expected student educational progress, and reports of current levels of function are clear about the focus of the therapy.<br><br>Is clear and specific about service delivery times.<br><br>Provides therapy that is specific to the student's level, learning style, and cultural background, as well as to the characteristics of the task and environment, and teachers appreciate consultation.<br><br>Provides therapy that is a balance of direct contact with or observation of the student and consultation with the teachers, optimizing the student's functioning in the educational setting. |
| 1d Demonstrating Knowledge of Resources • *Resources for therapy* • *Resources for students and teachers* • *Knowledge of technological resources and computer literacy* | Is unaware of therapy resources available through the school or district.<br><br>Is unaware of resources that are available to assist students who need them.<br><br>Rarely uses computers or other technology.<br><br>Has difficulty helping students with "high tech" assistive technology devices. | Displays limited awareness or use of therapy resources available through the school or district.<br><br>Displays limited awareness or use of resources available to students through the school or district.<br><br>Displays some computer literacy and comfort with other technology, but use is limited.<br><br>Does not always feel comfortable with the "high tech" assistive technology devices that students are trying to learn. | Is fully aware of all therapy resources available through the school or district, makes use of them regularly.<br><br>Knows how to gain access to resources for students.<br><br>Accesses and efficiently uses computers or other technology to assist with record keeping, report writing, and communication.<br><br>Is able to assist students to become more comfortable with technology. | Seeks and uses all district and school therapy resources as well as those from outside sources such as professional organizations and organizations in the community.<br><br>Assists students in accessing resources through the school and district as well as through the community.<br><br>Uses the computer regularly and efficiently for record keeping, report writing, and communication, and is able to develop additional ways to use technology to improve efficiency. |

| | | | | Easily helps students become more proficient with computer operated assistive technology devices. |
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| **1e**<br>**Designing Coherent Instruction**<br>• *Therapy activities*<br>• *Therapy materials and resources*<br>• *Therapy groups*<br>• *Structure of direct therapy session*<br>• *Structure of consultation* | Provides therapy activities or consultation suggestions that are not suitable to students or IEP goals, and/or they do not follow an organized progression and do not reflect recent professional research.<br><br>Uses materials and resources that do not support the IEP goals or engage students in meaningful learning.<br><br>Creates therapy groups that do not support the IEP goals, and/or the activities are inappropriate for the student's developmental level or sensory needs.<br><br>Conducts therapy sessions with no clearly defined structure, or the structure is chaotic, and time allocations are unrealistic.<br><br>Conducts consultations that are inconsistent and of limited value, follow- through is not requested, and subsequent consultation does not build on previous recommendations. | Provides some therapy activities and consultation suggestions that are suitable to students or IEP goals, but progression of activities is uneven, and only some activities reflect recent professional research.<br><br>Uses some materials and resources that support the IEP goals, and some that engage students in meaningful learning.<br><br>Creates therapy groups that are inconsistent in suitability to the individual's IEP goals, developmental level or sensory needs.<br><br>Conducts therapy sessions with a recognizable structure, but the structure may not be maintained throughout, and time use is only sometimes efficient.<br><br>Conducts consultations that provide suggestions, but there is no structure to document follow- through, and the consultation may occur in a setting where confidentiality is difficult to maintain. | Provides most therapy activities and consultation suggestions that are suitable to students and IEP goals, and progression of activities reflects recent professional research.<br><br>Uses materials and resources that generally support the IEP goals, and most engage students in meaningful learning.<br><br>Creates therapy groups that are appropriate to the student's IEP goals, developmental level and sensory needs.<br><br>Conducts therapy sessions with a clearly defined structure that allows for progress toward the IEP goals, and available time is used efficiently.<br><br>Conducts confidential consultations that occur at regular intervals and include updates of student performance and suggestions, but follow-through and documentation is only informally maintained. | Provides therapy activities and consultation suggestions that are highly relevant to students and IEP goals, and follows an organized progression that produces a unified whole, reflecting recent professional research.<br><br>Uses materials and resources that always support the IEP goals, engage students in meaningful learning, and students may participate in selecting or adapting materials.<br><br>Creates therapy groups that address the individual goals of each student present and are adjusted in composition as necessary, and each student works on IEP goals at his/her specific level, with sensory needs accommodated.<br><br>Conducts therapy sessions in which the structure of the therapy session is clear, parts of the session support the whole, structural adjustments are made as needed, and time use is efficient.<br><br>Conducts confidential consultations that occur at regular intervals and include updates of student performance and suggestions, and methods to document interim progress are put in place. |
| **1f**<br>**Assessing Student Learning**<br>• *Congruence with IEP goals*<br>• *Criteria and standards*<br>• *Use for planning* | Uses content and methods of assessment that lack connection with the IEP goals.<br><br>Conducts assessments that contain no clear criteria or standards.<br><br>Provides assessment results that | Uses appropriate assessment methods for only some of the IEP goals.<br><br>Has developed assessment criteria and standards, but they may not be clear. | Creates IEP goals that are nominally evaluated through a variety of assessments, but the approach is more suitable to some goals than to others.<br><br>Has developed clear assessment criteria and standards, and, when | Creates formal and informal assessments that are completely congruent with the IEP goals, both in content and process.<br><br>Has developed assessment criteria and standards that are clear, have been communicated to the student, if |

| | have minimal effect on planning for students to meet IEP goals. | Assesses too infrequently to be able to use results to plan an ongoing program for the student. | appropriate, standards are communicated to the student.<br><br>Uses ongoing assessment as the individual student progresses towards IEP goals. | appropriate, and students may contribute to assessment through self-monitoring or self-assessment.<br><br>Uses assessment results to plan for individuals to work towards IEP goals, and, when capable, students are aware of how they are meeting established IEP goals and participate in planning the next steps. |
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| STANDARD 2<br>CLASSROOM ENVIRONMENT | | | | |
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| **COMPONENTS**<br>*Elements* | **INEFFECTIVE** | **MINIMALLY EFFECTIVE** | **EFFECTIVE** | **HIGHLY EFFECTIVE** |
| **2a**<br>**Creating an Environment of Respect and Rapport**<br>• *Occupational Therapist/student interactions*<br>• *Student/student interactions*<br>• *Occupational Therapist interactions with other professionals* | Interacts with at least some students in ways that are negative, demeaning, sarcastic, or inappropriate to the age or culture of the students.<br><br>Allows student interactions that are characterized by conflict, sarcasm, or put-downs.<br><br>Fails to honor a teacher's expertise in the classroom, and consultation is one-sided and may not be respected. | Interacts with students in a generally appropriate way, but interactions may reflect occasional inconsistencies, favoritism, or disregard for students' cultures.<br><br>Has established a climate in which students only sometimes demonstrate positive behavior toward one another.<br><br>Approaches consulting without considering the teacher's availability or most pressing needs, so interaction may sometimes be uncomfortable. | Interacts with students in ways that are friendly and demonstrate general warmth, caring, and respect, and such interactions are appropriate to developmental and cultural norms.<br><br>Has established a climate in which students usually demonstrate positive behavior toward one another, and student interactions are generally polite and respectful.<br><br>Has established a climate of mutual respect among teachers, parents and others in the educational setting, and honors a teacher's scheduling and classroom management needs. | Demonstrates genuine caring and respect for individual students.<br><br>Has fostered an environment in which students demonstrate genuine caring for one another as individuals and as students.<br><br>Has established a climate of mutual respect among teachers, parents, and others in the educational setting, approaches consultation in a manner that meets the needs of both the student and the teacher, and gives the teacher confidence. |
| **2b**<br>**Establishing a Culture for Learning**<br>• *Importance of the content*<br>• *Expectations for learning and achievement* | Conveys a negative attitude toward the therapy that suggests that the content is not important, and which appears to affect students' buy-in to the program.<br><br>Writes IEP goals with inadequate activities, the interactions and environments of both therapy and the classroom convey only modest expectations for student achievement, and expectations are not realistic. | Communicates the importance of the therapy, but with little conviction and only minimal apparent buy-in by the students.<br><br>Writes IEP goals with inconsistent activities, the interactions and environments of both therapy and classroom convey inconsistent expectations for student achievement, and not all expectations are realistic. | Conveys genuine enthusiasm for the therapy, and students demonstrate apparent buy-in.<br><br>Writes IEP goals with good activities, and the interactions and environments of both therapy and the classroom convey high, but realistic, expectations for student achievement. | Conveys genuine enthusiasm for the therapy, so students demonstrate an understanding of the importance and value of the content demonstrated through their active participation, curiosity and attention to detail.<br><br>Uses his/her belief in the student to help the teacher establish and maintain high and realistic expectations for student achievement in the classroom. |
| **2c**<br>**Managing Procedures**<br>• *Therapy groups*<br>• *Schedules*<br>• *Materials and supplies*<br>• *Assessment and reporting*<br>• *Documentation*<br>• *Volunteers and paraprofessionals* | Does not productively engage students who are not working directly with the Therapist<br><br>Fails to develop a schedule that permits compliance with IEP requirements and is ineffectual in solving the problems.<br><br>Handles material inefficiently, | Creates tasks for therapy groups that are partially organized, or result in some off-task behavior when the Therapist is directly involved with another student.<br><br>Sometimes develops a schedule that permits compliance with IEP requirements, but is ineffectual in solving the problems. | Creates tasks for therapy groups that are organized, and groups are managed so most students are engaged most of the time.<br><br>Develops a schedule for therapy, consultation and assessment that meets IEP requirements, changes are dealt with but may lead to scheduling difficulties so that | Allows all students within the group to maintain momentum and productivity without need for continuous direct attention from the Therapist.<br><br>Develops and maintains a schedule for therapy, consultation and assessment that meets IEP requirements, optimizes the students' |

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| • *Certified Occupational Therapy Assistants (COTA) supervision*<br><br><br><br><br>*Due to the current severe shortage of Occupational Therapists, caseload size must be taken into consideration with each of the elements.* | resulting in loss of therapy time.<br><br>Does not have assessments complete and reports written to meet all IEP deadlines.<br><br>Frequently fails to document student contacts or consultations, does not keep records of adaptive equipment, and fails to keep records that contain the current IEP.<br><br>Does not provide volunteers and paraprofessionals with clearly defined duties, allows them to do nothing most of the time, or, when they do assist, they fail to let the student do what he/she can.<br><br>Often breaches confidentiality.<br><br>Does not follow up on the activities of a COTA or occupational therapy student, co-signs notes infrequently, and often asks the COTA or student to make inappropriate decisions. | Has a routine for handling materials that functions moderately well, although Therapist may sometimes have to adjust therapy plans because expected supplies are not present.<br><br>Is often surprised by approaching IEP deadlines, and is either incomplete with assessment procedures or takes excessive time from other therapy.<br><br>Does not document some therapy sessions with signed notes, and retains records that contain only minimal information and are disorganized.<br><br>Sees that volunteers and paraprofessionals are productively engaged during portions of the time, but has inconsistently defined duties so that they require frequent supervision and/or COTA may do too much for the student.<br><br>Maintains student confidentiality.<br><br>Is regularly unavailable for supervision with the COTA or student, does not let the COTA or student try therapy approaches that they develop, is generally not informed of the COTA's or therapy student's actions, and co-signing of notes is not current. | unreasonable demands on scheduling must be referred to supervisors.<br><br>Handles materials and supplies smoothly, with little loss of therapy time, attempts to maintain storage space in each school, and transports supplies ergonomically.<br><br>Incorporates assessment within the schedule with only occasional loss of therapy time, and writes reports that meet IEP deadlines.<br><br>Writes and signs notes to document therapy sessions.<br><br>Keeps records of adaptive equipment provided that are clear as to type and usefulness, keeps Medicaid records, and maintains a therapy file that is complete, but not always organized.<br><br>Sees that volunteers and paraprofessionals are productively and independently engaged with consistently defined duties.<br><br>Always maintains student confidentiality.<br><br>Regularly provides direct supervision to the COTA or student, allows the COTA or student to make decisions as appropriate, co-signs progress notes, and has a structure for the therapy student. | presence during critical learning opportunities throughout the school, and limits the unreasonable demands on scheduling that must be referred to supervisors.<br><br>Has a routine for handling materials and supplies that is seamless, attempts to maintain storage space in each school, and knows how and where to get supplies in each building.<br><br>Incorporates assessment within the schedule with minimal loss of therapy time. Reports directly address educational concerns and meet IEP deadlines.<br><br>Provides notes that describe student response to therapy, are useful in the planning of future therapy, and are written and signed for each therapy session or consultative contact.<br><br>Maintains a file that is organized and complete, and keeps Medicaid records.<br><br>Provides volunteers and paraprofessionals with instructions that are within their capabilities to continue with therapeutic tasks when the Therapist is not present.<br><br>Always maintains student confidentiality.<br><br>Regularly communicates with student or the COTA, co-signs notes weekly, and has a structured plan for the progressive development of the therapy student. |
| **2d**<br>**Managing Student Behavior**<br>• *Expectations* | Has not established standards of conduct, or students are confused as to what the standards are. | Has established standards of conduct for most situations, and most students seem to understand | Has clearly established standards of conduct for all students. | Has clearly established standards of conduct that may have been developed with student participation. |

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| • *Monitoring of student behavior*<br>• *Response to student misbehavior* | Does not know if the students' behaviors affect classroom participation and learning, and has not established communication channels with the teachers.<br><br>Does not respond to misbehavior, or the response is inconsistent, overly repressive, or does not respect the student's dignity. | them.<br><br>Is generally aware of student behavior in therapy, but infrequently knows how the student's behavior affects classroom participation and learning.<br><br>Attempts to respond to student misbehavior, but with uneven results. | Is generally aware of student behavior in the classroom, after consultation with teacher(s), and employs strategies based on OT frames of reference that address student attention and participation in learning.<br><br>Responds to student misbehavior in an appropriate and successful manner that respects the student's dignity, or student behavior is generally appropriate. | Establishes channels for frequent communication with teachers who have students whose behavior is compromised by sensory, motor, or cognitive issues so that the Therapist can provide recommendations based on OT frames of reference to improve student attention and freedom from frustration.<br><br>Responds to misbehavior in a highly effective manner that is sensitive to the student's individual needs, or student behavior is entirely appropriate. |
| **2e**<br>**Organizing Physical Space**<br>• *Safety, sensory, environment, and accessibility*<br>• *Least restrictive environment* | Does not select a space for therapy that is safe and accessible to the student, and allows environmental problems to detract from the therapy.<br><br>Routinely removes students from their least restrictive environment to provide therapy when direct service is to be provided. | Selects a therapy space that is safe, but full of distractions so it may be hard for the student to pay attention to the task at hand.<br><br>Conducts most direct service to students in a pull-out session, without consideration for the benefits of the least restrictive environment. | Creates a therapy space that is safe and accessible to the student, and in which the sensory environment does not over stimulate the student.<br><br>Considers the least restrictive environment to accomplish therapy goals, but may settle for something less. | Creates a therapy space that is safe, accessible, and free from distractions, and in which the sensory environment does not over stimulate the student.<br><br>Works toward obtaining the best possible space for therapy. |

| STANDARD 3 INSTRUCTION | | | | |
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| **COMPONENTS** *Elements* | **INEFFECTIVE** | **MINIMALLY EFFECTIVE** | **EFFECTIVE** | **HIGHLY EFFECTIVE** |
| **3a** **Communicating Clearly and Accurately** <br>• *Directions and procedures for students* <br>• *Directions and procedures for teachers, paraprofessionals and parents* <br>• *Oral and written language* <br>• *Communication during the IEP process* | Provides directions and procedures that are confusing to students or are presented at an inappropriate level. <br><br>Assumes that the teachers, paraprofessionals, and parents will know what to do in most situations, and provides few directions when they are needed. <br><br>Uses spoken language that is inaudible or poorly enunciated, writing that may be illegible, and spoken or written language that may contain many grammar and syntax errors. <br><br>Uses vocabulary that may be inappropriate, vague, or used incorrectly, leaving the listener confused. <br><br>Does not provide information or it is unclear from the written IEP and the discussions at the IEP meeting, of current levels of function that apply to the educational relevance of the therapy. | Provides directions and procedures that are clarified after initial student confusion or are excessively detailed. <br><br>Provides directions and procedures that sometimes do not fit the situation, or are difficult to understand. <br><br>Uses spoken language that is audible and clearly enunciated and written language that is legible, and both are used correctly. <br><br>Uses vocabulary that is inappropriate to the age and background of the listener. <br><br>Includes some information in the IEP about present levels of performance and goals the student is to meet, but the information is not meaningful to teachers or parents because of the way it is presented. | Provides directions and procedures that are clear to students and contain an appropriate level of detail. <br><br>Provides directions and procedures that are relatively clear to teachers, paraprofessionals, and parents, and questions are answered to respond to directions that seem confusing. <br><br>Uses spoken and written language that is clear and correct. <br><br>Uses vocabulary that is appropriate to the student's age and interests or the adult's level of education. <br><br>Includes all the information in the IEP about present levels of performance and goals the student is to meet, but sometimes the information is not meaningful to teachers or parents because of the way it is presented. | Provides directions and procedures that are clear to students and anticipate possible student misunderstanding. <br><br>Provides directions and procedures that are clear to teachers, paraprofessionals, and parents, and a variety of communication methods are used to maximize understanding. <br><br>Uses spoken and written language that is correct and expressive, with well-chose vocabulary that enriches the communication. <br><br>Communicates clearly in the written IEP and orally during the meeting, broadening the understanding of the parents and teachers of how and why the student is performing as he/she is. |
| **3b** **Using Questioning and Discussion Techniques** <br>• *Quality of questions* <br>• *Discussion techniques* <br>• *Student participation* | Asks questions that are virtually all of poor quality. <br><br>Interacts with students in a predominately recitation style, with the Therapist mediating all questions and answers. <br><br>Does not attempt to engage all students in conversation and does not know students' interests or concerns. | Asks a combination of high and low quality questions, and only some invite a response. <br><br>Accepts conversation without eye contact and with single syllable responses when the student can do better. <br><br>Attempts to communicate with all students, but with limited success. | Asks mostly high quality questions, and when a question causes confusion, the Therapist is able to rephrase it and elicit a response. <br><br>Provides adequate response time to the student, and conducts discussions with contributions from both the Therapist and the student. <br><br>Successfully communicates with all students, using whatever means available to the student. | Asks questions that are of uniformly high quality, knows the processing style of the student, and formulates questions that are as abstract or concrete as the student can handle. <br><br>Guides students in assuming considerable responsibility for the success of the discussion, encouraging them to initiate topics and make unsolicited contributions. <br><br>Becomes more skilled at |

| | | | | communication with students who use alternative means by seeking training in the use of methods such as sign language or technological devices. |
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| **3c**<br>**Engaging Students in Learning**<br>• *Enhancing presentation of content*<br>• *Therapy materials and resources*<br>• *Structure and pacing* | Ignores the interaction of the student's learning styles and the teacher's methods of presenting the content of lessons.<br><br>Uses therapy materials and resources that are unsuitable to the IEP goals or do not engage students mentally.<br><br>Conducts therapy sessions that have no clearly defined structure, and the pace is too slow or too fast to keep the students engaged. | May mention the student's learning style strengths and weaknesses during consultation, but does not follow through.<br><br>Uses therapy materials and resources that are only sometimes suitable to the IEP goals, and resources are seldom made available for student use when the Therapist is not present.<br><br>Conducts therapy sessions that have a loosely defined structure, and the pace does not consistently keep the students engaged. | Addresses matching the teacher's presentation of the content of lessons to the learning style and strengths of the students, after consultations with the teacher.<br><br>Uses therapy materials and resources that are suitable to the IEP goals, engage students mentally, support the student for success in the classroom, and, if appropriate, are made available to the student for use when the Therapist is not present.<br><br>Conducts therapy sessions that have a loosely defined structure, with pacing that is appropriate for most students most of the time. | Uses feedback from students and teachers that indicate the therapy consultation has helped the teacher to match techniques of lesson presentation to the learning style and strengths of the students.<br><br>Uses therapy materials and resources that are suitable to the IEP goals, engage students mentally, support the student for success in the classroom, and then follows up with teachers to make sure they are used and used properly.<br><br>Conducts therapy sessions that are structured and coherent with an appropriate closure, and with pacing that is appropriate for all students. |
| **3d**<br>**Providing Feedback to Students**<br>• *Quality*<br>• *Timeliness* | Presents feedback that is of uniformly poor quality or not provided at all.<br><br>Does not provide feedback in a timely manner. | Presents feedback that is inconsistent in quality so that some elements of high quality are present and others are not, and feedback is not presented in a way that the student is able to accept it consistently.<br><br>Inconsistently provides feedback in a timely manner. | Presents feedback that is of consistently high quality, and utilizes the sensory channels and communication methods most easily understood by the student.<br><br>Consistently provides feedback in a timely manner. | Presents feedback that is of consistently high quality, utilizes the sensory channels and communication methods most easily understood by the student, and students are taught to use the feedback.<br><br>Consistently provides feedback in a timely manner, and encourages students to make prompt use of the feedback in their learning. |
| **3e**<br>**Demonstrating Flexibility and Responsiveness**<br>• *Service delivery*<br>• *Therapy session adjustment*<br>• *Response to students*<br>• *Response to teachers and other professionals*<br>• *Persistence* | Is not assertive in determining service delivery times or models on the IEP, and the services provided are not consistent with the student needs.<br><br>Adheres rigidly to therapy plans, even when a change will clearly improve a session. | May provide direct service without accompanying consultation and carryover in the classroom is minimal.<br><br>Attempts to adjust a session, with mixed results.<br><br>Attempts to accommodate students' questions or interests, but sessions | Serves students using a combination of direct and indirect service delivery models, based on the needs of the individual student.<br><br>Makes a minor adjustment to a session, and the adjustment occurs smoothly.<br>Successfully accommodates students' questions or interest. | Helps the members of the IEP team understand the advantages and benefits of consultation to progress in therapy, and consultation is part of the Therapist's service delivery with each student.<br><br>Successfully makes a major adjustment to a session, and seizes every opportunity to enhance |

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| | Ignores or brushes aside students' questions or interest.<br><br>Fails to respond to concerns and questions of teachers and other professionals.<br><br>Fails to accept the responsibility to address the issue when a student's difficulty in learning might be addressed by strategies of occupational therapy. | may lack coherence or relevance.<br><br>Responds to messages and concerns, but fails to respond promptly or to address all issues.<br><br>Accepts responsibility for the success of all students, but does not persist in searching for solutions if the Therapist's repertoire is limited. | Usually responds to messages in a timely fashion, seeking answers when not readily available.<br><br>Persists in seeking approaches for students who have difficulty learning, utilizing a moderate repertoire of strategies. | learning, building on a spontaneous event.<br><br>Always responds to messages in a timely fashion, seeking answers when not readily available.<br><br>Persists in seeking effective approaches for students who need help, using an extensive repertoire of strategies, and soliciting additional resources when needed. |
| **3f**<br>**Using Student Assessment Data**<br>• *IEP goals and expectations for student performance*<br>• *Connecting assessment data to therapy decisions* | Does not observe student's progress toward IEP goals.<br><br>Does not base therapy activities and topics for consultation on needs revealed through either informal or formal assessments. | Does not carefully observe progress toward IEP goals on a regular basis.<br><br>Inconsistently bases therapy activities and consultation on informal or formal assessments. | Assures each contact with a student or consultation with a teacher includes observation of the student's progress toward IEP goals.<br><br>Often bases therapy activities and consultation on data the Therapist has analyzed from informal and/or formal assessments. | Communicates perceived student progress to student and teachers on a regular basis, helping each to focus on IEP goals.<br><br>Directly correlates therapy activities and consultation to needs of students revealed through analysis of formal and/or assessment data. |

| STANDARD 4 PROFESSIONAL RESPONSIBILITY | | | | |
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| **COMPONENTS** *Elements* | **INEFFECTIVE** | **MINIMALLY EFFECTIVE** | **EFFECTIVE** | **HIGHLY EFFECTIVE** |
| **4a** **Reflecting on Therapy** <br> • *Accuracy* <br> • *Use in future therapy* | Does not know if a therapy session was effective or achieved its goals, or profoundly misjudges the success of a session. <br><br> Makes no suggestions for how a therapy session might be improved another time. | Has a generally accurate impression of a lesson's effectiveness and the extent to which therapy/IEP goals were addressed. <br><br> Makes general suggestions about how a therapy session may be improved. | Makes an accurate assessment of a lesson's effectiveness and the extent to which it addresses goals, and bases impressions on examples of student responses to the therapy. <br><br> Makes a few specific suggestions of what might be tried another time. | Makes a thoughtful and accurate assessment of a lesson's effectiveness and the extent to which it addresses IEP goals, and documents specific examples of student responses in student progress notes. <br><br> Draws on an extensive repertoire of skills and comes up with specific alternative therapy approaches with probable successes of the different possibilities. |
| **4b** **Maintaining Accurate Records** <br> • *Maintaining student Occupational Therapy files* <br> • *Recording student progress toward IEP goals* <br> • *Recording contact with students* <br> • *Equipment records* <br> • *Occupational Therapy assessments* | Rarely has a copy of the current IEP in the student's occupational therapy files, and notes are not available. <br><br> Files are left in unlocked places. <br><br> Has no system for maintaining information on student progress, or the system is in disarray, incomplete or inaccurate. <br><br> Fails to document most student-related contacts, notes are not kept of consultations or meetings, and Medicaid billing is not done. <br><br> Does not make a record of the adaptive equipment supplied to a student. <br><br> Prepares assessment reports that often do not meet deadlines, and whose contents do not address identified educational concerns. | Is inconsistent in updating files, and many files do not contain a current IEP. <br><br> File security is inconsistent. <br><br> Has a system for maintaining information on student progress that is partially effective, but items saved in portfolio may not be dated, notes are not consistently signed, and critical data is not consistently recorded. <br><br> Maintains records of student-related contacts that are incomplete or difficult to follow, and Medicaid billing is done inconsistently. <br><br> Does not keep complete records about adaptive equipment supplied to each student so that items are forgotten about and get lost on a regular basis. <br><br> Prepares assessment reports that are not always completed in a timely | Prepares files that contain the current IEP, protocols of standardized tests, and notes that are relatively current and complete. <br><br> Usually keeps files locked in a secure location, and delivers or returns unneeded files promptly. <br><br> Has a system for maintaining information on student progress, including notes that are written after each student contact, documenting progress toward IEP goals. <br><br> Documents most student-related contacts, keeps copies of email, handwritten notes, logs, phone calls, and face-to-face conversations, and notes of meetings, and annually records time billable to Medicaid. <br><br> Maintains a record of the adaptive equipment supplied to each student, but is inconsistent in keeping track of the location of the equipment. | Maintains files that contain the current IEP, protocols of standardized tests, and notes that are current and complete. <br><br> Keeps all files in a securely locked location, and delivers or returns unneeded files promptly. <br><br> Has a system for maintaining information on student progress that is fully effective, with carefully written records and signed and dated progress notes recorded after each student contact. <br><br> Maintains documents of all student-related contacts that are up-to-date and thorough, and services billable to Medicaid are submitted on a timely basis. <br><br> Maintains a record of adaptive equipment supplied to each student, and takes the initiative to collect items when the student is not in school. |

| | | | fashion, and only marginally address difficulties of the student in the classroom. | Prepares timely reports following assessments of students, and the reports address educational concerns that might be the focus of school-based occupational therapy. | Prepares reports that are always ready on time, and address student difficulties toward which the Therapist might direct service so that the student can meet IEP objectives. |
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| **4c**<br>**Communicating with Families and Staff**<br>• *Information about the Occupational Therapy program*<br>• *Information about individual students*<br>• *Engagement of families in the Occupational Therapy program* | Provides little information about the student's occupational therapy program, and makes it difficult or uncomfortable for parents to contact the Therapist.<br><br>Does not respond or responds insensitively to parent concerns about their student.<br><br>Makes no attempt to engage families in the therapy service, or such attempts are inappropriate. | Provides parents with ways to be reached, but offers little information about the student's occupational therapy program without being asked specific questions.<br><br>Provides minimal response to parent concerns.<br><br>Is inconsistent in attempts to engage families in the therapy program when appropriate. | Occasionally provides information to parents about the student's occupational therapy program, but can be reached for additional information.<br><br>Communicates with parents about the student's progress at the IEP, and is available as needed to respond to parent concerns.<br><br>Makes an effort to engage families in therapy activities when appropriate. | Frequently provides information to parents about the student's occupational therapy program, and parents feel comfortable about contacting the Therapist for more information.<br><br>Frequently provides information to parents on both positive and negative aspects of student progress, and parent concerns are responded to with great sensitivity.<br><br>Frequently makes an effort to engage families in therapy activities, and students contribute ideas for projects and activities that will be enhanced by family participation when appropriate. | |
| **4d**<br>**Contributing to School and District**<br>• *Relationships with colleagues*<br>• *Service to school*<br>• *Participation in school and district projects*<br>• *Contribution to the development of district-wide Occupational Therapy policies and procedures* | Has relationships with colleagues that are negative or self-serving.<br><br>Makes no attempt to be flexible when a school event is in conflict with therapy plans.<br><br>Avoids becoming involved in school and district projects.<br><br>Ignores occupational therapy procedures recommended for use throughout the district, doing assessment or service delivery in ways that cannot be supported district-wide. | Maintains cordial relationships with colleagues to fulfill the duties that the school or district requires.<br><br>Ignores school events when scheduling therapy.<br><br>Participates in school and district projects when specifically asked.<br><br>Usually follows the recommended district-wide occupational therapy procedures, but contributes little to their development. | Supports and cooperates in relationships with colleagues.<br><br>Supports school events verbally to students and parents, and examines the possibility of schedule adjustments when school events are in conflict with therapy plans.<br><br>Participates in school and district projects on a limited basis.<br><br>Contributes to the development of district occupational therapy procedures, and follows the recommended procedures. | Supports and cooperates in relationships with colleagues, and takes initiative with providing appropriate staff support.<br><br>Makes adjustments as possible around school events, and engages students in activities that support therapy goals while also contributing to school events.<br><br>Volunteers to participate in school and district projects, making a substantial contribution, and assumes a leadership role in a major school or district project.<br><br>Takes a leadership role in the development of occupational therapy procedures for district use, and follows the recommended procedures. | |
| **4e** | Engages in no professional | Participates in professional activities | Seeks out opportunities for | Seeks out opportunities for | |

| **Growing and Developing Professionally** | development activities to enhance knowledge or skill, and fails to maintain a current Nevada Occupational Therapy License.<br><br>Makes no effort to share knowledge with others or to assume professional responsibilities.<br><br>Is not aware of or disregards the rules, policies and procedures established by the school, the district and the Negotiated Agreement. | to a limited extent when they are convenient.<br><br>Finds limited ways to contribute to the profession.<br><br>Minimally adheres to the rules, policies and procedures established by the school, the district and the Negotiated Agreement. | professional development to enhance content knowledge and knowledge of therapeutic techniques.<br><br>Participates actively in district occupational therapy meetings.<br><br>Fulfills the rules, policies, and procedures established by the school, the district and the Negotiated Agreement. | professional development, and makes a systemic attempt to conduct treatment efficacy studies and share knowledge with others.<br><br>Initiates important activities to contribute to the profession, such as mentoring new occupational therapists, writing articles for publication, and making presentations.<br><br>Fulfills the rules, policies and procedures established by the school, the district and the Negotiated Agreement in an exemplary way, and bases professional conduct on the AOTA Code of Ethics. |
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| *Enhancement of content knowledge and knowledge of therapeutic techniques*<br>*Service to profession and fulfilling professional responsibilities* | | | | |
| **4f**<br>**Showing Professionalism**<br>• *Advocacy*<br>• *Decision making* | Contributes to school practices that result in some students being ill-served in the school setting.<br><br>Makes decisions based on self-serving interests. | Contributes to practices that result in some students' needs remaining unmet in the school setting.<br><br>Makes decisions based on limited, though genuinely professional, consideration. | Works within the context of a school or the district to ensure that all students receive a fair opportunity to succeed.<br><br>Maintains an open mind and participates in team or department decision making. | Makes a particular effort to challenge negative attitudes, and helps ensure that all students are honored in the school setting.<br><br>Takes a leadership role in team or department decision making, and helps ensure that such decisions are based on the highest professional standards. |