



*Washoe County
School District*

MyPGS



Physical
Therapist
Evaluation
Rubric

Washoe County
School District

Professional
Growth System

STANDARD 1 Planning and Preparation	STANDARD 2 Classroom Environment	STANDARD 3 Instruction	STANDARD 4 Professional Responsibility
<p>1a Demonstrating Knowledge of Content</p> <ul style="list-style-type: none"> • Knowledge of frames of reference • Knowledge of educational model • Knowledge of task analysis 	<p>2a Creating an Environment of Respect and Rapport</p> <ul style="list-style-type: none"> • Interaction with students • Interaction with professionals 	<p>3a Communicating Clearly and Accurately</p> <ul style="list-style-type: none"> • Directions and procedures for students • Directions and procedures for teachers, paraprofessionals and parents • Oral and written language • Communication during the IEP process 	<p>4a Reflecting on Therapy</p> <ul style="list-style-type: none"> • Accuracy • Use in future therapy
<p>1b Demonstrating Knowledge of Students</p> <ul style="list-style-type: none"> • Knowledge of characteristics of age groups • Knowledge of students' varied approaches to learning • Knowledge of students' skills and abilities • Knowledge of students' interests, cultural heritage, and special needs 	<p>2b Establishing a Culture for Learning</p> <ul style="list-style-type: none"> • Importance of the content • Student pride in work • Expectations for learning and achievement 	<p>3b Using Questioning and Discussion Techniques</p> <ul style="list-style-type: none"> • Quality of questions • Discussion techniques • Student participation 	<p>4b Maintaining Accurate Records</p> <ul style="list-style-type: none"> • Student Physical Therapy file • Records of student progress toward IEP goals • Records of contact with students • Equipment records • Physical Therapy assessments
<p>1c Setting Instructional / IEP Goals</p> <ul style="list-style-type: none"> • Value • Clarity • Suitability for diverse students • Balance 	<p>2c Managing Procedures</p> <ul style="list-style-type: none"> • Schedule • Materials and supplies • Assessment and reporting • Documentation • Volunteers and paraprofessionals 	<p>3c Engaging Students in Learning</p> <ul style="list-style-type: none"> • Enhanced presentation of content • Therapy materials and resources • Structure and pacing 	<p>4c Communicating with Families and Staff</p> <ul style="list-style-type: none"> • Information about the Physical Therapy Program • Information about individual students • Engagement of families in the specialized educational programs
<p>1d Demonstrating Knowledge of Resources</p> <ul style="list-style-type: none"> • For therapy • For students 	<p>2d Managing Student Behavior</p> <ul style="list-style-type: none"> • Expectations • Monitoring of student behavior • Response to student misbehavior 	<p>3d Providing Feedback to Students</p> <ul style="list-style-type: none"> • Quality • Timeliness 	<p>4d Contributing to School and District</p> <ul style="list-style-type: none"> • Relationships with colleagues • Service to school • Participation in school and district projects • Contribution to the development of district-wide Physical Therapy policies and procedures

<p>1e Designing Coherent Instruction</p> <ul style="list-style-type: none"> • <i>Therapy activities</i> • <i>Therapy materials and resources</i> • <i>Therapy session and structure</i> • <i>Structure of consultation</i> 	<p>2e Organizing Physical Space</p> <ul style="list-style-type: none"> • <i>Safety, sensory, environment, and accessibility</i> • <i>Least restrictive environment</i> 	<p>3e Demonstrating Flexibility and Responsiveness</p> <ul style="list-style-type: none"> • <i>Service delivery</i> • <i>Therapy session adjustment</i> • <i>Response to students</i> • <i>Response to teachers and other professionals</i> • <i>Persistence</i> 	<p>4e Growing and Developing Professionally</p> <ul style="list-style-type: none"> • <i>Enhancement of content knowledge and knowledge of therapeutic techniques</i> • <i>Service to profession and fulfillment of professional responsibilities</i>
<p>1f Assessing Student Learning</p> <ul style="list-style-type: none"> • <i>Congruence with IEP goals</i> • <i>Criteria and standards</i> • <i>Use for planning</i> 		<p>3f Using Student Assessment Data</p> <ul style="list-style-type: none"> • <i>IEP goals and expectations for student performance</i> • <i>Connecting assessment data to therapy decisions</i> 	<p>4f Showing Professionalism</p> <ul style="list-style-type: none"> • <i>Service to students</i> • <i>Advocacy</i> • <i>Decision making</i>

**STANDARD 1
PLANNING AND PREPARATION**

COMPONENTS <i>Elements</i>	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
<p>1a Demonstrating Knowledge of Content</p> <ul style="list-style-type: none"> • <i>Knowledge of frames of reference</i> • <i>Knowledge of educational model</i> • <i>Knowledge of task analysis</i> 	<p>Makes errors in the communication about or the application of physical therapy theories and frames of reference of the discipline.</p> <p>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.</p> <p>Displays little understanding of the components involved in completing a given task, and is surprised by the difficulties the student demonstrates.</p>	<p>Displays basic knowledge of physical therapy theories and frames of reference, but cannot articulate connections with other parts of the discipline or with other disciplines.</p> <p>Occasionally is confused about the difference between the educational and medical models and has difficulty explaining the difference convincingly.</p> <p>Displays basic understanding of the components of a specific task, but does not anticipate student difficulties.</p>	<p>Displays solid knowledge of physical therapy theories and frames of references, and makes connections to other parts of the discipline and to other disciplines.</p> <p>Is able to explain the difference between the educational and medical models to the satisfaction of parents and teachers.</p> <p>Anticipates most of the motor and cognitive steps involved in a task, and can usually present the task so that the student succeeds.</p>	<p>Displays extensive knowledge of physical therapy theories and frames of reference with evidence of continuing pursuit of such knowledge.</p> <p>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.</p> <p>Anticipates the motor and cognitive steps involved in a task, and quickly makes adjustments as needed in the presentation of the task.</p>
<p>1b Demonstrating Knowledge of Students</p> <ul style="list-style-type: none"> • <i>Knowledge of characteristics of age groups</i> • <i>Knowledge of students' varied approaches to learning</i> • <i>Knowledge of students' skills and abilities</i> • <i>Knowledge of students' interests, cultural heritage, and special needs</i> 	<p>Displays minimal knowledge of the motor, cognitive and social/developmental characteristics of any age group.</p> <p>Has difficulty differentiating learning and processing styles typical of students with various disabilities.</p> <p>Has a weak understanding of the student's motor and processing abilities and styles, and subsequent consultation and direct therapy may be inconsistent in focus and direction.</p> <p>Displays little knowledge of student interests or cultural heritage and does not indicate that such knowledge is valuable.</p>	<p>Displays generally accurate knowledge of typical motor, cognitive and social/ developmental characteristics of an age group.</p> <p>Displays general understanding of the different approaches to learning that students exhibit, and includes this to a limited extent in planning therapy approaches.</p> <p>Displays some understanding of the student's motor and processing abilities and styles, but may be inconsistent in using this information for consultation or direct therapy.</p> <p>Recognizes the value of understanding student interests or cultural heritage but does not recognize when certain actions or responses have cultural implications.</p>	<p>Displays thorough knowledge of typical motor, cognitive and social/developmental characteristics of each age group as well as exceptions to general patterns.</p> <p>Displays thorough understanding of the learning and processing styles common to various disabilities, but inconsistently uses approaches that utilize student strengths.</p> <p>Displays knowledge of the student's 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.</p> <p>Displays knowledge of the interests or cultural heritage of each student and demonstrates recognition of the value of this knowledge.</p>	<p>Displays thorough knowledge and understanding 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.</p> <p>Displays thorough understanding of the learning and processing styles common to various disabilities, and incorporates student strengths and learning styles into planning.</p> <p>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.</p> <p>Displays knowledge of the interests and cultural heritage of each student, and seeks additional information</p>

<p>1c Setting Instructional / IEP Goals</p> <ul style="list-style-type: none"> • <i>Value</i> • <i>Clarity</i> • <i>Suitability for diverse students</i> • <i>Balance</i> 	<p>Is swayed by team members to provide therapy based on a diagnosis rather than the value the therapy might have toward educational goals.</p> <p>Creates goals that cannot be measured or do not have a direct connection to student learning.</p> <p>Does not take into consideration student levels, learning styles or cultural backgrounds in planning therapy sessions or in consulting.</p> <p>Conducts pull-out sessions and fails to make teachers aware of what the therapist does with the student.</p> <p>Rarely consults with the teacher and aides to instruct them on therapy goals and carryover.</p>	<p>Provides services as stipulated in IEP, but the value of the services is not always clear and some therapy does not have a clear educational purpose.</p> <p>Creates goals that are specific to physical therapy, but do not have clear meaning to teachers or educators.</p> <p>Is not clear and specific about service delivery times stated in the IEP.</p> <p>Conducts therapy sessions that are too difficult or too easy for a student, and suggestions made during consultation are questionably suitable in the view of the teacher.</p> <p>Conducts therapy that is primarily direct service with minimal carryover in the classroom when the therapist is not present.</p>	<p>Writes IEP goals that support the district standards, but provides service to students only when this service is essential toward progress on those goals.</p> <p>Creates goals to be addressed by therapy, describes educational progress that is clear and measurable, and focuses on therapy services to be provided that are clearly stated in the IEP or accompanying notes.</p> <p>Is usually clear and specific about service delivery times.</p> <p>Presents therapy sessions and activities specific to the student's level, learning style and culture, and teachers try suggestions made during consultation.</p> <p>Provides therapy that consists of regular consultation, but the Therapist may not have current and/or direct knowledge of the student's functioning in the classroom.</p>	<p>about the cultures of the students.</p> <p>Always provides services to students that are essential toward progress on IEP goals, and makes frequent progress checks and adjustments to optimize the value of the therapy.</p> <p>Assists the 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.</p> <p>Is always clear and specific about service delivery times.</p> <p>Provides therapy that is specific to each student's level, learning style, and cultural background as well as to the characteristics of the task and environment, and teachers appreciate consultation.</p> <p>Conducts 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.</p>
<p>1d Demonstrating Knowledge of Resources</p> <ul style="list-style-type: none"> • <i>For therapy</i> • <i>For students</i> 	<p>Is unaware of therapy resources available through the school or district.</p> <p>Is unaware of resources available to assist students who need them.</p>	<p>Displays limited awareness or use of therapy resources available through the school or district.</p> <p>Displays limited awareness of resources available to students through the school or district.</p>	<p>Is fully aware of all therapy resources available through the school or district and makes use of them regularly.</p> <p>Is fully aware of all resources available through the school or district and knows how to gain access for students.</p>	<p>Seeks out and uses district and school therapy resources as well as using outside sources such as professional organizations and organizations in the community.</p> <p>Assists students in accessing resources through the school, the district and the community.</p>
<p>1e Designing Coherent Instruction</p> <ul style="list-style-type: none"> • <i>Therapy activities</i> • <i>Therapy materials and resources</i> • <i>Therapy session and</i> 	<p>Provides therapy activities or consultation suggestions that are not suitable to students or IEP goals, do not follow an organized progression, and do not reflect recent professional research.</p>	<p>Provides some of the therapy activities and consultation suggestions that are suitable to students or IEP goals, but the progression of activities is uneven, and only some reflect recent professional research.</p>	<p>Provides most of the therapy activities and consultation suggestions that are suitable to students and IEP goals, and the progression of the activities reflects recent professional research.</p> <p>Uses material and resources that</p>	<p>Provides therapy activities and consultation suggestions that are highly relevant to students and IEP goals, and activities follow an organized progression that reflects recent professional research.</p>

<p><i>structure</i></p> <ul style="list-style-type: none"> • <i>Structure of consultation</i> 	<p>Uses materials and resources that do not support the IEP goals or engage students in meaningful learning.</p> <p>Conducts the therapy session with no clearly defined structure, or the structure is chaotic, and time allocations are unrealistic</p> <p>Conducts consultations that are inconsistent and of limited value, follow-through is not requested, and subsequent consultation does not build on previous recommendations.</p>	<p>Uses some materials and resources that support the IEP goals, and some that engage students in meaningful learning.</p> <p>Conducts the therapy session with a recognizable structure, but the structure may not be maintained throughout, and time use is only sometimes efficient.</p> <p>Conducts consultations that provide suggestions, but there is no structure to document follow-through, and consultations may occur in a setting where confidentiality is difficult to maintain.</p>	<p>mostly support the IEP goals and usually engage students in meaningful learning.</p> <p>Conducts the therapy session with a clearly defined structure that allows for progress toward the IEP goals, and available time is used efficiently.</p> <p>Conducts confidential consultations at regular intervals and that include suggestions and updates of student performance, but follow-through and documentation is informally maintained.</p>	<p>Uses material and resources that always support the IEP goals and engage students in meaningful learning, and the Therapist promotes student participation.</p> <p>Designs the structure of the therapy session so that it is clear, parts of the session support the whole, structural adjustments are made as needed, and time use is efficient.</p> <p>Conducts confidential consultations at regular intervals, including suggestions and updates of student performance, and methods to document interim progress are put in place.</p>
<p>1f</p> <p>Assessing Student Learning</p> <ul style="list-style-type: none"> • <i>Congruence with IEP goals</i> • <i>Criteria and standards</i> • <i>Use for planning</i> 	<p>Uses content and methods of assessment that lack connection with the IEP goals.</p> <p>Conducts assessments that contain no clear criteria or standards.</p> <p>Provides assessment results that have a minimal effect on planning for students to meet IEP goals.</p>	<p>Uses appropriate assessment methods for only some of the IEP goals.</p> <p>Develops assessment criteria and standards, but they may not be clear.</p> <p>Provides assessments that are made infrequently, and only uses results to plan for individuals to work towards IEP goals when information is available.</p>	<p>Creates IEP goals that are evaluated through a variety of assessments, but the approach is more suitable to some goals than to others.</p> <p>Develops clear assessment criteria and standards, and, when appropriate, standards are communicated to the student.</p> <p>Uses assessment results to plan for individuals to work towards IEP goals.</p>	<p>Creates formal and informal assessments that are completely congruent with the IEP goals, both in content and process.</p> <p>Develops clear assessment criteria and standards that have been communicated to the student, if appropriate, and students may contribute to the assessment through self-monitoring or self-assessment.</p> <p>Uses assessment results to plan for individuals to work towards IEP goals, and, when capable and appropriate, students are aware of how they are meeting established IEP goals and they participate in planning the next steps.</p>

**STANDARD 2
CLASSROOM ENVIRONMENT**

COMPONENTS <i>Elements</i>	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
<p>2a Creating an Environment of Respect and Rapport</p> <ul style="list-style-type: none"> • <i>Interaction with students</i> • <i>Interaction with professionals</i> 	<p>Interacts with at least some students in ways that are negative, demeaning, sarcastic, or inappropriate to the age or culture of the students.</p> <p>Fails to honor a teacher's expertise in the classroom, and consultation is one-sided and may not be respected.</p>	<p>Interacts with students in a generally appropriate manner, but that interaction may reflect occasional inconsistencies, favoritism, or disregard for students' cultures.</p> <p>Approaches consulting without considering the teacher's availability or most pressing needs, and interaction may sometimes be uncomfortable.</p>	<p>Interacts with students in a friendly manner that demonstrates general warmth, caring, and respect, and is appropriate to developmental and cultural norms.</p> <p>Establishes a climate of mutual respect among teachers, parents and others in the educational setting, and honors a teacher's scheduling and classroom management needs.</p>	<p>Interacts with students in ways that demonstrate genuine caring and respect for the individual.</p> <p>Establishes a climate of mutual respect among teachers, parents, and others in the educational setting, and approaches consultation in a manner that meets the needs of both the student and the teacher and gives the teacher confidence.</p>
<p>2b Establishing a Culture for Learning</p> <ul style="list-style-type: none"> • <i>Importance of the content</i> • <i>Student pride in work</i> • <i>Expectations for learning and achievement</i> 	<p>Conveys a negative attitude toward the therapy, suggesting that the content is not important or that it is mandated by others.</p> <p>Creates an atmosphere in which students demonstrate little or no pride in their work, and seem to be motivated by the desire to complete a task rather than to do high-quality work.</p> <p>Writes poor IEP goals and activities, and the interactions and environments of both the therapy and the classroom convey only modest expectations for student achievement, and/or expectations are not realistic.</p>	<p>Communicates the importance of the therapy, but with little conviction and only minimal apparent buy-in by the students.</p> <p>Creates an atmosphere in which students minimally accept the responsibility to "do good work," but invest little of their energy in the quality of the work.</p> <p>Writes adequate IEP goals and activities, and the interactions and environments of both the therapy and the classroom convey inconsistent expectations for student achievement, and not all expectations are realistic.</p>	<p>Conveys genuine enthusiasm for the therapy, and students demonstrate apparent buy-in.</p> <p>Creates an atmosphere in which students accept the PT's insistence of high quality work, and they demonstrate pride in their work.</p> <p>Writes appropriate IEP goals and activities, and the interactions and environments of both the therapy and the classroom convey high, but realistic, expectations for student achievement.</p>	<p>Conveys genuine enthusiasm for the therapy so students demonstrate, through their active participation, curiosity, and attention to detail, that they value the content's importance.</p> <p>Creates an atmosphere in which students take obvious pride in their work and initiate improvements in it by, for example, revising drafts on their own initiative, helping peers, and ensuring that high-quality work is displayed commensurate with their present level of performance.</p> <p>Helps the teacher establish and maintain high and realist expectations for student achievement in the classroom by exhibiting belief in the student.</p>
<p>2c Managing Procedures</p> <ul style="list-style-type: none"> • <i>Schedule</i> • <i>Materials and supplies</i> • <i>Assessment and reporting</i> • <i>Documentation</i> • <i>Volunteers and paraprofessionals</i> 	<p>Does not develop a schedule that permits compliance with IEP requirements, and is ineffectual in solving the problems.</p> <p>Handles materials inefficiently, resulting in loss of therapy time.</p> <p>Does not have assessments complete and reports written to meet all IEP</p>	<p>Develops a schedule for therapy, but aspects of the schedule are unrealistic, not all IEP requirements are met, and there is no effort to assertively seek solutions.</p> <p>Has a routine for handling materials that functions moderately well, but therapy plans may sometimes have to be adjusted because expected</p>	<p>Develops a schedule for therapy, consultation and assessment that meets IEP requirements, and although changes are dealt with, they may lead to scheduling difficulties so that unreasonable demands on scheduling must be referred to supervisors.</p> <p>Handles materials and supplies</p>	<p>Develops and maintains a schedule for therapy, consultation and assessment that meets IEP requirements and optimizes the student's presence during critical learning opportunities throughout the school, limiting the unreasonable demands on scheduling that must be referred to supervisors.</p> <p>Has a seamless routine for handling</p>

	<p>deadlines, and student contacts or consultations are frequently not documented.</p> <p>Does not keep records of adaptive equipment, and records do not contain the current IEP.</p> <p>Does not provide volunteers and paraprofessionals with clearly defined duties, allows them to do nothing most of the time, and when they do assist, they do not let the student do what he/she can.</p>	<p>supplies are not present.</p> <p>Is often surprised by approaching IEP deadlines, may be either incomplete with assessment procedures or take excessive time from other therapy, and does not document some therapy sessions with signed notes.</p> <p>Maintains a record of adaptive equipment that contains minimal information and is disorganized.</p> <p>Sees that volunteers and paraprofessionals are productively engaged during portions of the time, but they require frequent supervision, and aides may do too much for the student.</p>	<p>smoothly, with little loss of therapy time.</p> <p>Incorporates assessment within the schedule with only occasional loss of therapy time, reports meet IEP deadlines, and notes are written and signed to document therapy sessions.</p> <p>Maintains a record of adaptive equipment that is clear as to type and usefulness, and keeps Medicaid records.</p> <p>Sees that volunteers and paraprofessionals are productively and independently engaged during the entire class.</p>	<p>materials and supplies.</p> <p>Incorporates assessment within the schedule with minimal loss of therapy time, reports directly address educational concerns, meet IEP deadlines, and notes describing student response to therapy are useful in the planning of future therapy and are written and signed for each therapy session or consultative contact.</p> <p>Maintains a therapy file that is organized and complete, and keeps Medicaid records.</p> <p>Assures that volunteers and paraprofessionals are given instruction within their capabilities to continue with therapeutic tasks when the Therapist is not present, and student confidentiality is always maintained.</p>
<p>2d Managing Student Behavior</p> <ul style="list-style-type: none"> • <i>Expectations</i> • <i>Monitoring of student behavior</i> • <i>Response to student misbehavior</i> 	<p>Has established little or no standards of conduct, or students are confused as to what the standards are.</p> <p>Does not know if the student's behaviors affect classroom participation and learning, and has not established communication channels with teachers.</p> <p>Does not respond to misbehavior, or the response is inconsistent, overly repressive, or does not respect the student's dignity.</p>	<p>Appears to have established standards of conduct for most situations, and most students seem to understand them.</p> <p>Is generally aware of student behavior in therapy, but infrequently knows how the student's behavior affects classroom participation and learning.</p> <p>Attempts to respond to student misbehavior, but with uneven results.</p>	<p>Has established standards of conduct that are clear to all students.</p> <p>Is generally aware of student behavior in the classroom, after consultation with teacher(s), and employs strategies based on physical therapy frames of reference that address student attention and participation in learning.</p> <p>Appropriately and successfully responds to student misbehavior and respects the student's dignity, or student behavior is generally appropriate.</p>	<p>Has established standards of conduct that are clear to all students and may have been developed with student participation.</p> <p>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 physical therapy frames of reference.</p> <p>Has developed responses to misbehavior that are highly effective and sensitive to the student's individual needs, or student behavior is entirely appropriate.</p>
<p>2e Organizing Physical Space</p> <ul style="list-style-type: none"> • <i>Safety, sensory,</i> 	<p>Does not select a space for therapy that is safe and accessible to the student, and environmental problems</p>	<p>Selects a therapy space that is safe but full of distractions to the student, and it may be hard for the student to</p>	<p>Creates a therapy space that is safe and accessible to the student, and in which the sensory environment does</p>	<p>Creates a therapy space that is safe, accessible, and free from distractions, and in which the sensory environment</p>

<p><i>environment, and accessibility</i></p> <ul style="list-style-type: none"> • <i>Least restrictive environment</i> 	<p>detract from the therapy.</p> <p>Routinely removes children from their least restrictive environment to provide therapy when direct service is to be provided.</p>	<p>pay attention to the task at hand.</p> <p>Conducts most direct service to students in a pull-out session, without consideration for the benefits of the least restrictive environment.</p>	<p>not over-stimulate the student.</p> <p>Considers the least restrictive environment to accomplish therapy goals, but may settle for something less.</p>	<p>does not over- stimulate the student.</p> <p>Assertively works toward obtaining the best possible space for therapy.</p>
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STANDARD 3 INSTRUCTION				
COMPONENTS <i>Elements</i>	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
<p>3a Communicating Clearly and Accurately</p> <ul style="list-style-type: none"> • <i>Directions and procedures for students</i> • <i>Directions and procedures for teachers, paraprofessionals and parents</i> • <i>Oral and written language</i> • <i>Communication during the IEP process</i> 	<p>Provides directions and procedures that are confusing to students or are presented at an inappropriate level.</p> <p>Assumes that the teachers, paraprofessionals, and parents will know what to do in most situations, and provides few directions when they are needed.</p> <p>Uses spoken language that is inaudible or poorly enunciated, written language that may be illegible, and spoken or written language that may contain many grammar and syntax errors;</p> <p>Uses vocabulary that may be inappropriate, vague, or used incorrectly, leaving the listener confused.</p> <p>Does not provide information in the IEP of current levels of function that apply to educational concerns, and the educational relevance of the Therapist is unclear from the written IEP and the discussions at the IEP meeting.</p>	<p>Provides directions and procedures that are clarified after initial student confusion or are excessively detailed.</p> <p>Provides directions and procedures that sometimes do not fit the situation, or are difficult to understand.</p> <p>Uses spoken language that is audible and clearly enunciated, written language that is legible, and both are used correctly.</p> <p>Uses vocabulary that is inappropriate to the age and background of the listener.</p> <p>Includes all the 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.</p>	<p>Provides directions and procedures that are clear to students and contain an appropriate level of detail.</p> <p>Provides directions and procedures that are relatively clear to teachers, paraprofessionals, and parents, and answers questions that respond to directions that seem confusing.</p> <p>Uses spoken and written language that is clear and correct.</p> <p>Uses vocabulary that is appropriate to the student's age and interests or the adult's level of education.</p> <p>Communicates well in the IEP about present levels of performance and goals the student is to meet, and abbreviations and jargon are avoided or explained.</p>	<p>Provides directions and procedures that are clear to students and anticipate possible student misunderstanding.</p> <p>Provides directions and procedures that are clear to teachers, paraprofessionals, and parents, and uses a variety of communication methods to maximize understanding.</p> <p>Uses spoken and written language that is correct and expressive.</p> <p>Uses well-chosen vocabulary that enriches the communication.</p> <p>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.</p>
<p>3b Using Questioning and Discussion Techniques</p> <ul style="list-style-type: none"> • <i>Quality of questions</i> • <i>Discussion techniques</i> • <i>Student participation</i> 	<p>Asks questions that are virtually all of poor quality.</p> <p>Interacts with students in a predominately recitation style, mediating all questions and answers.</p> <p>Does not attempt to engage all students in conversation and does not know students' interests or concerns.</p>	<p>Asks questions that are a combination of high and low quality, and only some invite a response.</p> <p>Accepts conversation without eye contact and with single syllable responses when the student can do better.</p> <p>Attempts to communicate with all students, but with limited success.</p>	<p>Asks high quality questions, and when a question causes confusion, is able to rephrase it and elicit a response, providing adequate time to do so.</p> <p>Conducts discussions that have contributions from both the Therapist and the student.</p> <p>Successfully communicates with all students, using whatever means</p>	<p>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, providing adequate time for students to respond.</p> <p>Guides students in assuming considerable responsibility for the success of the discussion, encouraging them to initiate topics</p>

			available to the student.	and make unsolicited contributions. 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.
3c Engaging Students in Learning <ul style="list-style-type: none"> • <i>Enhanced presentation of content</i> • <i>Therapy materials and resources</i> • <i>Structure and pacing</i> 	<p> Ignores the interaction of the student's learning styles and the teacher's methods of presenting the content of lessons.</p> <p> Uses therapy materials and resources that are unsuitable to the IEP goals or do not engage students mentally.</p> <p> Conducts therapy sessions that have no clearly defined structure, and/or the pace is too slow or too fast to keep the students engaged.</p>	<p> May mention a student's learning style strengths and weaknesses during consultation, but does not follow through.</p> <p> Uses therapy materials and resources that are sometimes suitable to the IEP goals, and resources are seldom made available for student use when the Therapist is not present.</p> <p> Conducts therapy sessions that have a loosely defined structure, and/or the pace does not consistently keep the students engaged.</p>	<p> Addresses matching the teacher's presentation of content of lessons to the learning style strengths of the student, after consultation with the teacher.</p> <p> Uses therapy materials and resources that are suitable to the IEP goals and engage students mentally or support the student for success in the classroom and, if appropriate, resources are made available to the student for use when the Therapist is not present.</p> <p> Conducts therapy sessions that have a loosely defined structure with pacing that is appropriate for most students most of the time.</p>	<p> Uses feedback from students and teachers that indicates the consultation with the Therapist has helped the teacher to match techniques of lesson presentation to the learning style and strengths of the student.</p> <p> Uses therapy materials and resources that are suitable to the IEP goals and engage students mentally or support the student for success in the classroom, and the Therapist follows up with teachers to make sure resources are used and used properly.</p> <p> Conducts therapy sessions that are structured and coherent with an appropriate closure, and with pacing that is appropriate for all students.</p>
3d Providing Feedback to Students <ul style="list-style-type: none"> • <i>Quality</i> • <i>Timeliness</i> 	<p> Presents feedback that is of uniformly poor quality or not provided at all,</p> <p> Does not present feedback in a timely manner.</p>	<p> Presents feedback that is inconsistent in quality so some elements of high quality are present and others are not, and feedback is not consistently presented in a way that the student is able to accept it.</p> <p> Inconsistently provides feedback in a timely manner.</p>	<p> Presents feedback that is of consistently high quality and utilizes the sensory channels and communication methods most easily understood by the student.</p> <p> Consistently provides feedback in a timely manner.</p>	<p> Presents feedback that is of consistently high quality and utilizes the sensory channels and communication methods most easily understood by the student, and each student is taught to use the feedback.</p> <p> Consistently provides feedback in a timely manner, and students make prompt use of the feedback in their learning.</p>
3e Demonstrating Flexibility and Responsiveness <ul style="list-style-type: none"> • <i>Service delivery</i> • <i>Therapy session adjustment</i> 	<p> Is not assertive in determining service delivery times or models on the IEP, and the services provided are not consistent with student needs.</p>	<p> May provide direct service without accompanying consultation, and carryover in the classroom is minimal.</p> <p> Attempts to adjust a session, with mixed results.</p>	<p> Serves students using a combination of direct and indirect service delivery models, based on the needs of each student.</p> <p> Makes a minor adjustment to a session, and the adjustment occurs</p>	<p> Helps the members of the IEP team understand the advantages and benefits of consultation to progress in therapy, and consultation is part of the service delivery with each student.</p>

<ul style="list-style-type: none"> • <i>Response to students</i> • <i>Response to teachers and other professionals</i> • <i>Persistence</i> 	<p>Rigidly adheres to therapy plans, even when a change will clearly improve a session.</p> <p>Ignores or brushes aside students' questions or interests.</p> <p>Fails to respond to concerns and questions of teachers and other professionals.</p> <p>Fails to accept the responsibility to address the issue when a student's difficulty in learning might be addressed by strategies of physical therapy.</p>	<p>Attempts to accommodate students' questions or interests, but sessions may lack coherence or relevance as a result.</p> <p>Responds to messages and concerns, but fails to respond promptly or to address all issues.</p> <p>Accepts responsibility for the success of all students, but does not persist in searching for solutions if the Therapist's repertoire is limited.</p>	<p>smoothly.</p> <p>Successfully accommodates students' questions or interests.</p> <p>Responds to messages in a timely fashion, seeking answers when not readily available.</p> <p>Persists in seeking approaches for students who have difficulty learning, utilizing a moderate repertoire of strategies.</p>	<p>Successfully makes a major adjustment to a session.</p> <p>Seizes a major opportunity to enhance learning, building on a spontaneous event.</p> <p>Persists in seeking effective approaches for students who need help, using an extensive repertoire of strategies and soliciting additional resources when needed.</p>
<p>3f</p> <p>Using Student Assessment Data</p> <ul style="list-style-type: none"> • <i>IEP goals and expectations for student performance</i> • <i>Connecting assessment data to therapy decisions</i> 	<p>Is frequently unsure of a student's progress toward IEP goals.</p> <p>Does not base therapy activities or topics for consultation on needs revealed through either informal or formal assessments.</p>	<p>Does not carefully observe progress toward IEP goals on a regular basis.</p> <p>Inconsistently bases therapy activities and consultations on informal or formal assessments.</p>	<p>Assures each contact with a student or consultation with a teacher includes an informal assessment of the student's progress toward IEP goals.</p> <p>Often bases therapy activities and consultations on data the Therapist has analyzed from informal and/or formal assessments.</p>	<p>Communicates perceived student progress to student and teachers on a regular basis, helping each to focus on IEP goals.</p> <p>Directly correlates therapy activities and consultations to needs of students revealed through analysis of formal and/or assessment data.</p>

**STANDARD 4
PROFESSIONAL RESPONSIBILITY**

COMPONENTS <i>Elements</i>	INEFFECTIVE	MINIMALLY EFFECTIVE	EFFECTIVE	HIGHLY EFFECTIVE
4a Reflecting on Therapy <ul style="list-style-type: none"> • <i>Accuracy</i> • <i>Use in future therapy</i> 	<p>Does not know if a therapy session was effective or achieved its goals, or profoundly misjudges the success of a session.</p> <p>Makes no suggestions for how a therapy session may be improved another time.</p>	<p>Has a generally accurate impression of a lesson's effectiveness and the extent to which therapy/IEP goals were addressed.</p> <p>Makes general suggestions about how a therapy session may be improved.</p>	<p>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.</p> <p>Makes a few specific suggestions of what might be tried another time.</p>	<p>Makes a thoughtful and accurate assessment of a lesson's effectiveness and the extent to which it addresses IEP goals, and specific examples of student responses are documented in student progress notes.</p> <p>Draws on an extensive repertoire of skills and comes up with specific alternative therapy approaches with probable success of the different possibilities.</p>
4b Maintaining Accurate Records <ul style="list-style-type: none"> • <i>Student Physical Therapy file</i> • <i>Records of student progress toward IEP goals</i> • <i>Records of contact with students</i> • <i>Equipment records</i> • <i>Physical Therapy assessments</i> 	<p>Rarely has a copy of the current IEP in the students' files, and notes are not available.</p> <p>Leaves files in unlocked places.</p> <p>Has no system for maintaining information on student progress, or the system is in disarray, incomplete or inaccurate.</p> <p>Fails to document most student-related contacts, and notes are not kept of consultation or meeting.</p> <p>Does not complete Medicaid billing.</p> <p>Does not make a record of the adaptive equipment supplied to a student.</p> <p>Submits therapy assessment reports that often are not completed to meet deadlines, and do not address identified educational concerns.</p>	<p>Is inconsistent in updating files, many of which do not contain a current IEP.</p> <p>Provides inconsistent security for files.</p> <p>Has a system for maintaining information on student progress that is partially effective, but items saved in the portfolio may not be dated, notes are not consistently signed, and critical data is not consistently recorded.</p> <p>Maintains records of student-related contacts that are incomplete, or difficult to follow.</p> <p>Inconsistently completes Medicaid billing.</p> <p>Does not keep complete records about adaptive equipment supplied to each student so items are forgotten about and get lost on a regular basis.</p> <p>Does not always complete assessment reports in a timely</p>	<p>Maintains files that contain the current IEP, protocols of standardized tests, and notes that are relatively current and complete.</p> <p>Usually keeps files locked in a secure location.</p> <p>Has an effective system for maintaining information on student progress, and signed and dated progress notes documenting progress toward IEP goals are written after each student contact.</p> <p>Documents most student-related contacts, keeping copies of email, handwritten notes, logs, phone calls, face-to-face conversations, and notes of meetings.</p> <p>Records time billable to Medicaid, and submits it yearly.</p> <p>Maintains a record of the adaptive equipment supplied to each student, but is inconsistent in keeping track of the location of the equipment.</p>	<p>Maintain files that contain the current IEP, protocols of standardized tests, and notes that are current and complete.</p> <p>Keeps files in a securely locked location, and delivers or returns unneeded files promptly.</p> <p>Has a system for maintaining information on student progress that is fully effective, including signed and dated progress notes written after each student contact, and all records are carefully written.</p> <p>Maintains documentation of student-related contacts that are up-to-date and thorough.</p> <p>Records services billable to Medicaid and submits reports on a timely basis.</p> <p>Maintains a record of adaptive equipment supplied to each student, and takes the initiative to collect items when the student is not in school. Creates reports that are always ready</p>

		fashion, and reports only marginally address difficulties of the student in the classroom.	Creates timely reports following assessments of students that address educational concerns that might be the focus of school-based physical therapy.	on time, and address student difficulties toward which the Therapist might direct service so that the student can meet IEP objectives.
<p>4c Communicating with Families and Staff</p> <ul style="list-style-type: none"> Information about the Physical Therapy Program Information about individual students Engagement of families in the specialized educational programs 	<p>Provides little information about the student's physical therapy program to families, and makes parent contact difficult or uncomfortable.</p> <p>Does not respond or responds insensitively to parent concerns about their student.</p> <p>Makes no attempt to engage families in the physical therapy service, or such attempts are inappropriate.</p>	<p>Provides parents with ways to be reached, but offers little information about the student's physical therapy program without being asked specific questions.</p> <p>Adheres to the district's required procedures for communicating to parents, but responses to parent concerns are minimal.</p> <p>Makes modest and inconsistently successful attempts to engage families in the physical therapy program.</p>	<p>Occasionally provides information to parents about the student's physical therapy program, and can be reached for additional information.</p> <p>Communicates with parents about the student's progress on a regular basis and is available as needed to respond to parent concerns.</p> <p>Makes frequent and successful efforts to engage families in physical therapy activities.</p>	<p>Frequently provides information to parents about the student's physical therapy program, and parents feel comfortable about contacting the Therapist for more information.</p> <p>Frequently provides information to parents on both positive and negative aspects of student progress, and responds to parent concerns with great sensitivity.</p> <p>Engages families in physical therapy activities, and encourages students to contribute ideas for projects and activities that will be enhanced by family participation when appropriate.</p>
<p>4d Contributing to School and District</p> <ul style="list-style-type: none"> Relationships with colleagues Service to school Participation in school and district projects Contribution to the development of district-wide Physical Therapy policies and procedures 	<p>Has relationships with colleagues that are negative or self-serving.</p> <p>Makes no attempt to be flexible when a school event is in conflict with therapy plans.</p> <p>Avoids becoming involved in school and district projects.</p> <p>Ignores physical therapy procedures recommended for use throughout the district, doing assessment or service delivery in ways that cannot be supported district-wide.</p>	<p>Maintains cordial relationships with colleagues to fulfill the duties that the school or district requires.</p> <p>Ignores school events when scheduling therapy.</p> <p>Participates in school and district projects when specifically asked.</p> <p>Usually follows the recommended district-wide physical therapy procedures, but contributes little to their development.</p>	<p>Supports and cooperates in relationships with colleagues.</p> <p>Supports school events verbally to students and parents, and examines the possibility of schedule adjustments when school events are in conflict with therapy plans.</p> <p>Volunteers to participate in school and district projects, making a substantial contribution.</p> <p>Contributes to the development of district physical therapy procedures, and follows the recommended procedures.</p>	<p>Cooperates and maintains relationships with colleagues, and takes initiative in providing appropriate staff support.</p> <p>Makes adjustments as possible around school events, and may engage students in activities that support therapy goals while also contributing to school events.</p> <p>Volunteers to participate in school and district projects, making a substantial contribution, and assumes a leadership role in a major school or district project.</p> <p>Takes a leadership role in the development of physical therapy procedures for district use, and follows the recommended procedures.</p>
4e	Engages in no professional	Participates in professional activities	Seeks out opportunities for	Seeks out opportunities for

<p>Growing and Developing Professionally</p> <ul style="list-style-type: none"> • <i>Enhancement of content knowledge and knowledge of therapeutic techniques</i> • <i>Service to profession and fulfillment of professional responsibilities</i> 	<p>development activities to enhance knowledge or skill, and fails to maintain a current Nevada Physical Therapy License.</p> <p>Makes no effort to share knowledge with others or to assume professional responsibilities.</p> <p>Is not aware of or disregards the rules, policies and procedures established by the school, the district, and the Negotiated Agreement.</p>	<p>to a limited extent when they are convenient.</p> <p>Finds limited ways to contribute to the profession.</p> <p>Minimally adheres to the rules, policies and procedures established by the school, the district, and the Negotiated Agreement.</p>	<p>professional development to enhance content knowledge and knowledge of therapeutic techniques.</p> <p>Participates actively in district physical therapy meetings.</p> <p>Fulfills the rules, policies and procedures established by the school, the district, and the Negotiated Agreement.</p>	<p>professional development and makes a systemic attempt to conduct treatment efficacy studies.</p> <p>Initiates important activities to contribute to the profession, such as mentoring new physical therapists, writing articles for publication, and making presentations.</p> <p>Fulfills the rules, policies and procedures established by the school, the district, and the Negotiated Agreement in an exemplary way, and bases his/her professional conduct on the APTA Code of Ethics.</p>
<p>4f Showing Professionalism</p> <ul style="list-style-type: none"> • <i>Service to students</i> • <i>Advocacy</i> • <i>Decision making</i> 	<p>Is not alert to students' needs.</p> <p>Contributes to school practices that result in some students being ill-served in the school setting.</p> <p>Makes decisions based on self-serving interests.</p>	<p>Makes an inconsistent effort to serve students.</p> <p>Contributes to practices that result in some students' needs remaining unmet in the school setting.</p> <p>Makes decisions based on limited, though genuinely professional, consideration.</p>	<p>Actively serves students.</p> <p>Works within the context of a school or the district to ensure that all students receive a fair opportunity to succeed.</p> <p>Maintains an open mind and participates in team or department decision- making.</p>	<p>Is highly proactive in serving students, seeking out resources when necessary.</p> <p>Makes a particular effort to challenge negative attitudes, and helps ensure that all students are honored in the school setting.</p> <p>Takes a leadership role in team or department decision- making and helps ensure that such decisions are based on the highest professional standards.</p>