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Using the Occupational Therapy Practice Framework to Guide the Evaluation Process and Make Assessment Choices in School Practice

Patricia Laverdure, OTD, OTR/L, BCP
Assistant Professor of Occupational Therapy
Virginia Commonwealth University

Pamela Stephenson, OTD, MS, OTR/L
Assistant Professor of Doctor of Occupational Therapy program
Mary Baldwin University

MaKenzie McDonald, OTDS
Occupational Therapy Student
Virginia Commonwealth University

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ABSTRACT

Federal legislation, contemporary teaching and learning practices, professional guidance, and scientific evidence influence the ways in which occupational therapists design and implement evaluation in school settings. Evaluation is a key role of occupational therapy practitioners in school settings, and one of the central purposes of evaluation is to determine whether a student has a disability; whether that disability adversely affects the student's participation, performance, and progress in the general education curriculum; and whether the student requires specially designed instruction to access and make progress in their educational program (Jackson, 2007).

The domain of occupational therapy as defined in the *Occupational Therapy Practice Framework: Domain and Process* (3rd. ed.; *Framework*; American Occupational Therapy Association, 2014) provides an effective tool to guide the evaluation process and make assessment choices for school-based practitioners.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Recognize the influence of legislative requirements, professional guidance, and scientific evidence on the design of evaluation processes and the choice of assessment measures and tools in school practice
2. Apply the *Framework* to guide clinical decision making for client-centered and occupation-focused evaluation
3. Examine informal, formal, and standardized assessment measures and tools that address client factors, occupational engagement, performance patterns, and contexts and environments
4. Appraise and select assessment measures and tools that best support educational and clinical relevance, data-based decision making, and evidence-based practices in school-based evaluation

EVALUATION IN SCHOOL PRACTICE

Practice Guidance for the Evaluation Process

Since the passage of educational legislation entitling free and appropriate public education opportunities for all children, school occupational therapy has evolved from a practice resembling traditional clinic-based services to one that is strongly grounded in supporting student participation in activities that occur naturally in the school setting (Handley-More et al., 2013). The shift in approach, while gradual, was guided by federal legislation, contemporary teaching and learning practices, professional guidance, and scientific evidence, all of which continue to affect the roles of occupational therapy practitioners and the ways in which they practice in school settings.

Evaluation is a key role of the occupational therapy practitioner in school settings and one that is guided by federal and state statutory regulation (American Occupational Therapy Association [AOTA], 2018). One of the central purposes of evaluation in schools is to determine whether a student has a disability; whether that disability adversely affects the student's participation, performance, and progress in the general education curriculum; and whether the student requires specially designed instruction to access and make progress in their educational program (Jackson, 2007).

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Guided by the Individuals with Disabilities Education Act (IDEA; 2004), teams endeavor to determine students' educational and functional strengths and needs and to identify the services and supports required to be successful in school. The reauthorization of IDEA in 2004 acknowledged the importance of identifying students' strengths as well as their educational needs through a robust and collaborative evaluation process of data collection, synthesis, and analysis.

It is important to note that educational and occupational therapy practice terminology refers to *evaluation* as the process of gathering data, while *assessment* refers to the specific tests and measures that may be used as part of that process (Jackson, 2007). Additionally, each state defines within its practice act the specific roles and responsibilities that occupational therapists (OTs) and occupational therapy assistants have in the evaluation and assessment process.

To assist teams in determining students' educational needs, the evaluation process must elicit relevant functional, developmental, and academic information (IDEA, 2004). Federal education legislation mandates that teams use various procedures that include multiple informants (e.g., student, teacher, caregivers, instructional and administrative staff), multiple contexts (e.g., classrooms, cafeterias, playgrounds), and multiple modes (informal and formal approaches, strategies, tests, measures) to evaluate students who are suspected of having a disability. However, the federal law does not specify particular methodologies, tests, and/or measures that must be used (IDEA, 2004) (this may vary by state and local educational authority [SEA and LEA]).

Instead, the law emphasizes the need to design an individualized and comprehensive evaluation process that fully illuminates the effects of the suspected disability on access, participation, and progress in grade-level educational opportunities. This process enables team members to make predictions about the supports and barriers necessary to achieve success in postsecondary educational, vocational, and independent living occupations (IDEA, 2004).

From an occupational therapy perspective, this approach empowers occupational therapy practitioners to use their professional reasoning skills to select the most appropriate combination of methodologies (e.g., informal/formal observation, interview, assessments, tests, measures) for each individual student being evaluated to effectively identify the influences on student participation, health and well-being, and future life outcomes.

In addition to federal and state educational legislative mandates, the *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.; *Framework*; American Occupational Therapy Association [AOTA], 2014) guides the evaluation process in school practice. Historically, a bottom-up evaluation approach that primarily considers skills deficits through the lens of a medical model has been common in school settings. This impairment-based approach to evaluation addresses primarily the problems of body structure and function thought to underlie the functional limitations of the disability.

However, to meet federal requirements, practice standards, and the increasingly robust body of evidence on evaluation and intervention planning, the deficits-based model has been replaced by a top-down approach that emphasizes participation in activities that occur within natural contexts. Employing a top-down approach is consistent with contemporary occupational therapy practice guidance that considers the occupations of the student and subsequently identifies the supports and barriers necessary for participation in those occupations (Goldstein et al., 2004).

A top-down approach that focuses on activities, participation, and the influence of contextual factors is also consistent with the International Classification of Functioning, Disability, and Health: Children & Youth Version (ICF-CY; World Health Organization, 2007). The ICF-CY provides a shared perspective and language that can be helpful in school practice to facilitate opportunities to work across professions and contexts (Cramm et al., 2012). It helps practitioners consider function in terms of the individual's characteristics and attributes, as well as the tasks and environments in which they typically engage. It emphasizes ability to participate in activities typically expected with a given age and context.

The *Framework* guides therapists in skilled observation by clearly identifying the domain of occupational therapy practice and outlining the occupational therapy process of evaluation, intervention, and outcome measurement (AOTA, 2014). School occupational therapy evaluation not only considers areas of occupation, such as ADLs, education, play and work, rest and sleep, and social participation, but also the student's performance skills and patterns and how these affect participation in the educational context. Through analysis of the student's occupational performance, occupational therapists are well poised to highlight the student's strengths as well as their needs, and inform the team's understanding of the supports and barriers that influence participation in school occupations.

Taking a structured approach to skilled observations of occupational performance allows practitioners to collect and organize their data; identify the adaptations and instructional methodologies most likely to enhance participation and progress; reduce the effect of bias in evaluation and assessment; and articulate the distinct value of occupational therapy (Frolek Clark & Handley-More, 2017).

Authentic Evaluation Practices

Occupational therapists rely on clinical decision making models to design an occupation-centered, collaborative, and evidence-based evaluation in school settings. Accurate evaluation data is critical for developing a student's individualized educational program. Normative standardized scores alone provide little guidance in planning a student's educational program and may not be relevant. In fact, even when an assessment score is obtained, it is imperative that occupational therapy practitioners and those with whom they work understand assessment scores in relation to the student's school performance.

Formal and informal observation strategies across contexts and environments in schools provide authentic opportunities to capture not only capacity, or what the student can do under the controlled conditions of an assessment, but also performance in the natural settings of daily life. Observing functional skills and performance

components across contexts in the school setting provides critical data on what students are capable of doing, how they do it, and what they use to facilitate their performance and overcome challenges and barriers. An evaluation conducted in a student's natural context can be designed to intentionally and flexibly address the questions of the team and collaboratively capture the data that will be most meaningful for decision making (Laverdure, 2018).

Understanding the student's developmental, medical, educational, and occupational history; the curriculum, class expectations, and instruction provided; and the contextual and environmental effects on performance and participation can guide the methods of data collection used in the evaluation process (Laverdure, 2018).

Data are gathered through:

- Intentional and objectively conducted skilled observation that is aligned with the purpose of the evaluation and designed specifically around what is to be observed
- Interviewing inventories that specifically engage key stakeholders (e.g., student, caregivers, teachers, teaching staff, service providers) in the observation and data collection process
- Observational rating scales (e.g., matrices and rubrics, work samples) designed to capture the salient differences in performance and participation
- Curriculum-based assessments co-administered by occupational therapists and teaching staff
- Occupation-based assessment methodologies

Developing the Occupational Profile

Developing an occupational profile is an essential element across all occupational therapy practice settings (AOTA, 2014). In school practice, it offers practitioners opportunities to elicit the voice of students to guide further evaluation, goal setting, and intervention planning. The occupational profile is a thorough inventory of the individual's preferences, patterns, strengths, and interests, as well as a description of the supports and barriers that affect occupational performance and participation (AOTA, 2017). The occupational profile assists practitioners to articulate the distinct value of occupational therapy, particularly in a climate of increased scrutiny from regulators and funders (Persch et al., 2013), and in settings where there may be role blurring and overlap with other professions. In school practice, the occupational profile helps occupational therapy practitioners articulate not only the student's voice and the distinct value of the profession, but also practitioners' commitment to client-centered practice. The profile also captures the student's perspective without making judgments.

Strategies for developing an occupational profile will vary depending on the age, preferences, and communication and cognitive skills of each student. For young students, drawing may be a helpful strategy—there is evidence that children provide more detail when asked to draw their information in addition to verbalizing it (Gross et al., 2009). Alternatively, asking children to take photographs of the things that are strengths and challenges for them can be effective (Mahoney et al., 2015), whereas using a semi-structured interview format can elicit meaningful information from older students.

School occupational practitioners can use a combination of strategies to establish the occupational profile, convey the student's voice in a meaningful way, and build a strong foundation for collaborative practice. Using appreciative inquiry with students (Morris & Hollenbeck, 2016; Stephenson et al., 2017) and collaborative conversations with teachers (Orentlicher et al., 2014) can support the collection of data to develop the student's occupational profile (see Table 1).

Choosing and Using Assessment Measures

Although not required in many SEAs and LEAs, or by federal law, occupational therapy practitioners may supplement the occupation-based evaluation process with formalized and/or standardized assessments, tools, and measures (assessments). Practitioners may combine the use of assessments intentionally when necessary to validate and discriminate difference versus disorder, and to provide discriminative, descriptive, predictive, and evaluative information to the school team. To reduce assessment bias, it is important that the occupational therapist understand the type of data that the assessment will reveal, and that the assessment is appropriate to age, condition, and setting (Laverdure, 2018). The type of information that the assessment

Table 1: Building a School-Based Occupational Profile (adapted from AOTA, 2017)

Elements of the Occupational Profile	Eliciting Data from Students	Eliciting Data from Teachers
Occupational History and Experiences	"Tell me what it's like for you at school" "How is this year different from last year?"	"In what activities does the student do well in your class?" "What factors contribute to how they perform in your class compared with last year?"
Interests and Values	"What do you like to do at school?" "What sort of things are important to you?"	"What is their favorite part of the school day?"
Strengths and Needs	"What are you really good at?" "What is hard for you at school?" "What do you think would help you (with this) at school?"	"In what areas does the student do well academically?" "When is the student able to work successfully?" "What strategies are used to support success?"
Supports and Barriers	What or who helps you do well at school?" "What or who makes it hard for you to do well at school?"	"What helps them be the best that they can be?" "How does instructional help or hinder learning, occupational engagement, and performance in the classroom?"

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will provide and how the information can be used to inform decision making can often be found in the assessment manual.

Discriminative assessments are designed to distinguish between individuals who have a particular characteristic and those who do not (e.g., developmental impairment). They are most often normative referenced, yield normative standard scores, and are commonly used by occupational therapists to identify and document functional deficits and support eligibility determination. The use of discriminative assessments requires knowledge of the derivation of standard scores from raw scores; identification and comparison of standard deviations, confidence intervals, standard error of measurement, percentile equivalents, Z-scores, T-scores, standard nine, and percent in stanine in a normal distribution; and analysis of test results for planning for goal setting and effective instruction and intervention.

Discriminative assessment data enables the therapist to identify deviations from the norm, discuss the effects of those deviations on performance and participation, and consider effective instruction and intervention to remediate and/or accommodate. Descriptive assessments most often address client factors. Examples of commonly used discriminative assessments include the Bruininks-Oseretsky Test of Motor Proficiency (Bruininks & Bruininks, 2005) and the Peabody Developmental Motor Scales (Folio & Fewell, 2000).

Descriptive assessments highlight the differences among individuals within similar groups. They allow practitioners to compare the individual they are testing with others with similar characteristics. Determining the characteristics of the descriptive sample is important to make valid comparisons, to establish an occupational profile of strengths and needs, and to guide decision making. Examples of commonly used descriptive assessments include the Gross Motor Functional Classifications System (GMFCS) (Palisano et al., 1997) and the Manual Classification System (MACS) (Eliasson et al., 2006), which are often used with children and youth with cerebral palsy.

Predictive assessment data supports the occupational therapist's ability to predict the likely outcomes of children and youth based on their patterns of strengths and needs. The predictive qualities of many assessments may be combined with evidence related to functional status, disease/disability progression, and rate of progress to further support the prediction of developmental, educational, and functional outcomes. Predictive assessments generally have strong test-retest reliability and predictive validity and may be used as outcome measures. Examples of commonly used predictive assessments include the Classifications Systems (GMFCS and MACS) for children with cerebral palsy described above and the Movement Assessment Battery for Children for children born prematurely (Griffiths et al., 2107).

Finally, evaluative assessments measure change over time. With the stringent federal and state legal requirements for accountable practice and the shift from compliance to compliance plus results (U.S. Department of Education, 2016), evaluation data is "instrumental in supporting the implementation of effective interventions, overcoming instructional barriers, and facilitating data-based decision making" (Stephenson et al., 2017, p. 2). Collecting and analyzing explicit outcome data requires assessment tools that are designed to be used as outcome measures and are highly responsive to change. Evaluative assessments tend to capture student occupational engagement and performance skills and patterns. Examples of commonly used evaluative assessments include the Canadian Occupational Performance Measure (Law et al., 1990), Pediatric Evaluation of Disability Inventory (Haley et al., 1992), and School Function Assessment (Costeret al., 1998).

Using the *Framework* to Organize Assessments

Choosing the right assessment to enhance the occupation-based evaluation for the right student and condition can be daunting. For some, assessment choice is limited by availability. For others, it is limited by exposure or practice. To meet the regulations set by IDEA (2004) and SEA and LEA requirements, assessment tools must be chosen with the same intentionality given to the informal and formal authentic observational processes and occupational profile development previously described. Using the *Framework* as a guide can be instrumental in identifying the assessment tool that will reveal the data required for effective decision making and educational planning.

The domain of occupational therapy is defined in the *Framework* as the "profession's purview and the areas in which its members have an established body of knowledge and expertise" (AOTA, 2014, p. S3), and "occupational therapists are skilled in evaluating all aspects of the domain, their interrelationships, and the client within his or her contexts and environments" (p. S4). Drawing from the domain to guide assessment selection leads to effective and efficient data collection.

Validation; discriminating between difference and disorder; and collecting discriminative, descriptive, predictive, and evaluative information are categorized using the occupational therapy domain in four main areas (see also Table 2 on p. 5):

- Assessing Occupation: Assessments that measure engagement in meaningful activity and occupation
- Assessing Performance Skills and Patterns: Assessments that measure participation
- Assessing Client Factors: Measures that assess body function, structure, and personal factors
- Assessing Context and Environment: Measures that assess the influence of environment

Although assessments may be categorized into more than one area of the occupational therapy practice domain, a thoughtful approach to the choice of assessment is recommended.

The following examples may illuminate this concept.

Example 1: A 3 year old named Sam had just been found eligible for special education services and had begun attending the preschool program located within his local elementary school. The teacher noticed that Sam had difficulty regulating his activity level and that his inability to sit still for circle and centers limited his ability to participate effectively and learn in the school context. A referral to occupational therapy services was made, and with parental permission the occupational therapist began the evaluation process.

Table 2: Using the *Framework* Domain to Categorize and Choose Effective and Efficient Assessments

Assessing Occupation: Assessments That Measure Engagement in Meaningful Activity						
Measure	**Purpose**	**Constructs**	**Age**	**Time to Administer**	**Format/Type of Administration**	**Format and Scores**
Canadian Occupational Performance Measure	Identify occupational performance problems, define priorities, and guide goal setting	Measures clients' perceived occupational performance in three areas: self-care, productivity, and leisure	Any age, with or without disabilities	15–30 minutes	Semi-structured interview by therapist	Standardized scores, norm-referenced
Miller Function and Participation Scales	Assess a child's performance related to school participation, with a focus on motor skill performance	Measures mild to moderate delays in visual, fine, and gross motor skills	2.6–7.11 years	20–30 minutes per subset, 45–60 min. for entire assessment	Workbook/task format, administered by therapist	Standard scores, percentile ranks, age equivalents, and progress scores
Pediatric Evaluation of Disability Inventory	Comprehensive assessment of functional skill development and level of independent performance of functional activities in a child's environment	Evaluates capability and performance of functional activities in the domains of self-care, mobility, and social function	6 months–7.5 years, physical or combined physical and cognitive disabilities	45–60 minutes for administration and scoring	Questionnaire format, administered by parent report, professional judgement, or combination	Standard and scaled performance scores

Assessing Performance Skills and Patterns: Assessments That Measure Participation						
Measure	**Purpose**	**Constructs**	**Age**	**Time to Administer**	**Format/Type of Administration**	**Format and Scores**
Children's Assessment of Participation and Enjoyment	Examines participation in everyday activities outside of school classes	Five dimensions of participation including diversity of activity, frequency, enjoyment, and context	Children with and without disabilities, 6–21 year	30–45 minutes	Questionnaire, self-report, or interview	Mean intensity and subjective enjoyment
Child Occupational Self-Assessment	Captures children and youths' perception regarding sense of occupational competence and importance of everyday activities	How competent does a child feel engaging in and completing activities?	8–13 years (must have self-reflection and planning skills	25 minutes	Self-report, structured interview	Importance rating scale, priorities for change
Goal-Oriented Assessment of Lifeskills	Assesses functional motor skills required for daily living skills	Measures 7 tasks requiring fine or gross motor skills: utensils, locks, paper box, notebook, carry tray, ball play, manage clothing	7–17 years, with or without disabilities	45–60 minutes	Series of seven occupation-based activities	Standard scores, with option to document progress over time
Participation and Environment Measure—Children and Youth	Assess participation in the home, at school, and in the community as well as environmental factors of participation	Home, school, and community	5–17 years, with or without disabilities.	25–40 minutes	Parent report questionnaire	Rating scale of participation frequency, involvement and desire for change, and environmental support
Preferences for Activities of Children	Recreational, active physical, social, skill based, and self-improvement	Measures activity preference	6–21 years, with or without disabilities	15–20 minutes	Self-report or interview	Preferences for involvement in meaningful activities
School Function Assessment	Assessment of functional capabilities and performance of functional activities that support participation in academic and related social aspects of an education program	Participation, task supports, activity performance	5–12 years	60–90 minutes.	Judgment based questionnaire, interview, or observation	Raw scores, criterion scores 0–100 for full grade functioning

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The occupational therapist observed Sam's performance and participation during circle and centers. She interviewed Sam's caregivers, teachers, and the teaching staff. She noted the ease with which he managed his arrival, dismissal, and snack time routines as well as his interest and skill in playing on the playground equipment and with the construction materials.

Given Sam's sensitivity to loud sounds in the environment and his tendency to shout and make loud noises himself, the

Table 2 *continued*

Assessing Client Factors: Measures That Assess Body Function, Structure, and Personal Factors						
Measure	**Purpose**	**Constructs Evaluated**	**Age**	**Time to Administer**	**Format/ Administrations**	**Scores**
Bruininks-Oseretsky Test of Motor Proficiency	Comprehensive assessment of gross and fine motor skills	Fine motor precision, fine motor integration, manual dexterity, bilateral coordination, balance, running speed and agility, upper limb coordination, and strength	4–21 years, and 11 months	Complete form, 45–60 minutes *short form is available, 15–20 minutes	Series of motor tasks that require a skilled professional to guide child through assessment and score during performance	Age-based standard scores, percentile ranks, age equivalents, and descriptive categoriest
Developmental Test of Visual Motor Integration	Identify difficulties in visual motor integration. Supplemental versions assess visual perception and motor coordination	Visual motor integration, visual perception, and motor coordination	2–99 years, and 11 months	10–15 minutes	Child completes a series of tasks in a test booklet. Professional guides child with scripted instructions and manually scores resultst	Standard scores, percentiles, age equivalents
Developmental Test of Visual Perception	Identify the presence and degree of visual perception and visual-motor difficulties in children	Measures 7 tasks requiring fine or gross motor skills: utensils, locks, paper box, notebook, carry tray, ball play, manage clothing	4–12 years	30 minutes	Child completes a series of tasks in a test booklet. Skilled professional guides child with instructions and manually scores results.	Composite scores for motor reduced visual perception, visual motor integration, and general visual perception
Gross Motor Function Measure (GMFM)	Evaluates changes in gross motor function in children with cerebral palsy (GMFM-66). GMFM-88 evaluates gross motor function in children with Down syndrome	Examples of motor skills evaluated include rolling, walking, jumping	5 months–16 years	45–60 minutes	Observation plus score sheet	4-point scoring system
Manual Ability Classification System	Classifies how children with cerebral palsy use their hands when handling objects in daily activities	Classifies what children do with both hands together	Children with cerebral palsy, 4–18 years	n/a, score made in accordance with observation and interviews	Observations of child and interview of parents, teachers, or child used to determine a child's ability	Numerical classification based on a 5-item scale based on manual ability
Peabody Developmental Motor Scales	Assesses motor skill development	Six domains: grasping, visual-motor integration, reflexes, stationary, locomotion, object manipulation	Birth–5 yearss	45–60 minutes.	Child participates in series of tasks administered by evaluator	Standard scores, percentiles for total motor, fine motor, and gross motor quotients
Sensory Profile	Identifies how sensory processing may affect a child's participation at home, school, and community	Caregiver and teacher reports on child's response to sensory events throughout the day using the appropriate form	Birth–14 years, and 11 months. *Five versions available depending on the child's age and setting	5–20 minutes	Standardized questionnaire completed by caregiver or teacher	Each form produces a sensory system score, behavior score, and sensory pattern score. The school companion version produces a school factor score
Sensory Processing Measure	Provides a complete picture of children's sensory processing difficulties at school and at home	Scores praxis and social participation as well as visual, auditory, tactile, proprioceptive, and vestibular functioning	2–5 years preschool version, 5–12 years standard version	15–20 minutes per form	Parent or teacher completes a rating scale	Norm-referenced standard scores with descriptions and clinical information provided

Table 2 ***continued***

Assessing Context and Environment: Measures That Assess the Influence of Environment						
Measure	**Purpose**	**Constructs Evaluated**	**Age**	**Time to Administer**	**Who**	**Scores**
Pediatric Volitional Questionnaire	Play-based assessment of a child's motivational strengths and weaknesses in various settings	Motivational strengths, weaknesses, environmental support, hindrances, and activities of interest	2–7 years, with or without disabilities	10–30 minutes	Observational assessment tool	Scored on a continuum of volitional development
School Setting Interview	Investigates student environment fit for students with physical disabilities	How do environmental factors influence student's activity and participation?	10 years and older, physical disabilities or motor dysfunction	40 minutes	Patient-reported outcomes based on 16 interview questions	4-step rating scale indicating need for environmental adjustment

occupational therapist suspected sensitivity issues that may be affecting his attention and regulation. She completed the occupational profile and chose an assessment to measure client factors (Sensory Processing Measure) to validate her suspicions and inform her intervention planning.

The therapist's choice of assessment to validate the data collected from formal observation and interview and to discriminate between difference and disorder enabled her to efficiently and effectively plan interventions with the classroom teacher to address Sam's attention and regulation and design approaches his caregivers could carry over at home.

Example 2: Johnny, a fourth grader with Duchenne's muscular dystrophy, had recently begun to struggle with performing classroom activities and managing his self-care skills independently. The occupational therapist, who had been seeing Johnny for some time, recognized that task modification would be an important consideration for Johnny as he got older and his disease progressed.

Although she had a good understanding of Johnny's occupational engagement, his performance patterns and skills, and the client factors that influenced his performance and participation, she identified a need to gather more data on the effect of the environment on Johnny's performance and participation. She chose to administer an assessment tool aimed at eliminating barriers for environmental fit for students with physical disabilities (School Setting Interview) to inform her priorities for task and environmental modification. Explicitly identifying the areas of need and using the *Framework* to choose assessments to collect discriminative, descriptive, predictive, and evaluative information enabled the occupational therapist to design effective accommodations and modifications to support Johnny's needs in the classroom.

Summary

When data are collected systematically in natural and least restrictive environments, and the domains defined within the *Framework* are used to guide the evaluation process, the analysis of occupational performance effectively describes the student and his/her patterns of daily living, interests, and needs. The data inform the team of how the student engages in desired or required occupations, and they illuminate the factors that influence performance, participation, roles, and satisfaction. Collecting assessment data across the domains of occupational therapy ensures that the occupational therapy practitioner captures all relevant data so the team can make informed decisions based on the student's developmental, learning, and functional priorities. Data are discriminative, descriptive, predictive, and evaluative, and they provide valuable information that enables the team to consider current and future roles and occupations in educational, community, work, and postsecondary settings.

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A. To get pricing information and to register to take the exam online for the article **Using the Occupational Therapy Practice Framework to Guide the Evaluation Process and Make Assessment Choices in School Practice**, go to http://store.aota.org, or call toll-free 800-729-2682.

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Final Exam

Article Code CEA0219

Using the Occupational Therapy Practice Framework to Guide the Evaluation Process and Make Assessment Choices in School Practice

To receive CE credit, exam must be completed by February 28, 2021.

Learning Level: Beginner

Target Audience: Occupational Therapists and Occupational Therapy Assistants

Content Focus: Professional Issues; Occupational Therapy Interventions

1. Occupational therapy practice in schools has shifted its focus from impairment to supporting student participation in activities that occur naturally in the school setting because of:

- A. Federal legislation, contemporary teaching and learning practices, professional guidance, and scientific evidence
- B. Federal mandates that require standardized measures and assessments
- C. The *Framework*, which requires all intervention be occupation based
- D. Internal and external evidence

2. One of the central purposes of evaluation in schools is to determine:

- A. Functional strengths and needs
- B. The services and supports required to be successful in school
- C. Whether a student has a disability; and whether that disability adversely affects the student's participation, performance, and progress in the general education curriculum
- D. Eligibility for occupational therapy services

3. To assist teams in determining students' educational needs, the evaluation process must include the following three components:

- A. Functional, community, and academic skills
- B. Relevant functional, developmental, and academic information
- C. Independent living, postsecondary, and work skills
- D. Math, reading, and writing skills

4. The *Framework* and the ICF-CY align because they:

- A. Provide a shared perspective and language that can be helpful in school practice to facilitate opportunities to work across professions and contexts
- B. Consider the occupations of the student and subsequently identify the supports and barriers necessary for participation in those occupations
- C. Focus on activities, participation, and the influence of contextual factors
- D. Help practitioners consider academics in terms of the individual's characteristics and attributes, as well as the tasks and environments in which they typically engage

5. Observing functional skills and performance components across contexts in the school setting:

- A. Provides critical data on what students are capable of doing, how they do it, and what they use to facilitate their performance and overcome challenges and barriers
- B. Guides interview questions for caregivers and teaching staff
- C. Provides standardized scores required to qualify for occupational therapy services
- D. Fulfills the IDEA requirement for comprehensive evaluation

6. Which one of the following is true in relation to occupational profiles in school-based practice?

- A. School-based practitioners do not need to develop occupational profiles with children.
- B. Children need strong verbal language skills to participate in building an occupational profile.
- C. The occupational profile includes consideration of the child's interests, values, and preferences.
- D. Occupational profiles should only be used with middle and high school students.

7. Which of the following best describes a top-down approach to evaluation in school-based practice?

- A. Occupational therapy practitioners primarily use assessment tools that identify performance skills deficits and subsequently use this data to plan interventions.
- B. Practitioners focus on identifying unique client factors at the start of the evaluation process.
- C. Practitioners are guided by the federal mandate to use various evaluation tools and strategies to identify students' areas of need.
- D. Practitioners first consider the school-based occupations in which students need to participate and then refine the specific evaluation process.

8. Which of the following is true in relation to evaluating students under IDEA (2004)?

- A. All students suspected of having a disability must be evaluated using the same evaluation tools and measures.
- B. Occupational therapy practitioners must use a standardized tool as part of their evaluation.
- C. Various tools and strategies must be used in the evaluation process.
- D. IDEA mandates that only academic information must be collected during the evaluation process.

9. Evaluation data can be collected through all but which one of the following:

- A. Skilled observation
- B. Interview inventories
- C. Observational rating scales
- D. Functional development charts

10. Which one of the following tools assesses client factors and identifies the presence and degree of visual perception and visual-motor difficulties in children?

- A. Bruininks-Oseretsky Test of Motor Proficiency
- B. Gross Motor Function Measure
- C. Developmental Test of Visual Perception
- D. Developmental Test of Visual Motor Integration

11. Occupational therapy practitioners may choose to supplement the occupation-based evaluation process with formalized and/or standardized assessments, tools, and measures (assessments) to:

- A. Reduce assessment bias
- B. Validate and discriminate between difference and disorder and provide discriminative, descriptive, predictive, and evaluative information to the school team
- C. Meet the IDEA requirement for standardized evaluations
- D. Establish the scores required to meet occupational therapy eligibility requirements

12. Which one of the following attributes is consistent with the Pediatric Volitional Questionnaire?

- A. Investigates student environment fit for students with physical disabilities
- B. Develops patient-reported outcomes based on 16 interview questions
- C. Takes only 10 to 30 minutes to complete
- D. Has a four-step rating scale indicating need for environmental adjustment

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