

August 16, 2005

Elizabeth Payer  
Institute of Education Sciences  
US Department of Education  
555 New Jersey Avenue, NW  
Room 602c  
Washington, D.C. 20208

Dear Ms. Payer:

On behalf of the nearly 35,000 members of the American Occupational Therapy Association (AOTA), I am writing in response to the June 16, 2005 *Federal Register* Notice inviting comments on the proposed priorities for the Institute of Education Sciences (IES). More than one third of AOTA's members work with children and youth, from birth to age 21 in education settings and early childhood programs, primarily under the auspices of the Individuals with Disabilities Education Act (IDEA). Occupational therapy services may also be provided under Section 504 of the Rehabilitation Act and as a pupil service for general education students under the No Child Left Behind Act (NCLB).

Occupational therapy is focused on helping individuals to successfully participate in important daily life activities or "occupations." For students, these are activities such as completing school assignments; making friends; eating in the cafeteria with one's peers; keeping workspace organized; developing work readiness skills; and learning to live independently. Occupational therapists collaborate with members of the education team to identify students' needs and determine appropriate instructional and intervention strategies to meet those needs. Services may be provided directly to individual students or in small groups and as supports to teachers, parents, and other members of the team.

AOTA supports the Institute's long-term goals to develop and identify programs, practices, policies, and approaches that are effective in enhancing academic achievement; identify what does not work and what is problematic; encourage innovation and further research; and develop dissemination strategies and sources of information on education research. As IES moves forward with its efforts to transform education into an evidence-based field, it is important that all disciplines involved in educating America's students, such as occupational therapy and other related services, be included (and integrated) in the Institute's activities. AOTA's comments focus on the inclusion of occupational therapy in the Institute's priorities.

Under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004, P.L. 108-446), IES was charged with the responsibility for special education research under the new National Center for Special Education Research (NCSER). One of the Center's general duties in the law is to "identify scientifically based related services and interventions that promote participation and progress in the general education curriculum and general education settings" (Title II, Part E, Sec. 177(a)(4)). Other general duties include an examination of methods of early intervention for children with disabilities (Sec. 177(a)(11)) and the improvement of the preparation of personnel, including early intervention personnel,

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who provide educational and related services to children with disabilities to increase the academic achievement and functional performance of students with disabilities (Sec. 177(a)(13)). These and other areas identified in IDEA are especially relevant to occupational therapy.

AOTA recommends IES include a specific focus on related services in its own priority area. This focus would address individual related services disciplines, such as occupational therapy, as well as related services as a group. We know intuitively and anecdotally that related services help schools improve academic achievement and education of all students. However, there needs to be a stronger research effort to confirm what we know, investigate what we don't know, and add to the knowledge base regarding the relationship of related services to child outcomes and student results. A strong related services research effort will also increase the research capacity of related services disciplines. The federal government is making a huge investment in special education: At least 25% of Part B funds – approximately \$1.9 billion – goes toward the provision of related services, according to the 24<sup>th</sup> Annual Report to Congress on the Implementation of the IDEA. AOTA believes IES should also invest in the production and use of research on related services.

Despite occupational therapy's long history as a special education and early intervention service, there continue to be many unanswered questions about its role, purpose, service delivery options, and how it affects the quality of children's learning, behavior, and education. In their decision-making capacity, occupational therapists, teachers, parents, administrators, and program planning teams frequently ask when occupational therapy should be provided, for which children, in what amounts, for how long, using what service delivery model (dose-response). In addition, therapists need information about effective interventions. Other questions also arise related to occupational therapy preparation and professional development and its effect on service quality. Below are categories of issues and related questions regarding these issues; each should be considered by IES for inclusion in the Institute's priorities and activities.

#### *Early Childhood*

As an early intervention service under Part C of IDEA, occupational therapy is provided to meet the developmental needs of infants and toddlers with disabilities, including those who are at-risk for developing a disability. Services are also provided to 3-5 year-olds in preschool programs under Head Start and Part B of IDEA. In addition to dose-response issues, questions in this category include:

- To what extent does the provision of occupational therapy as an early intervention service prepare young children for school and does it reduce the need for further services after children enter school?
- When should services be provided in naturalistic settings? When is it appropriate to provide services in a clinical environment?
- What service delivery models are effective in working with young children and their families? What factors determine the use of specific models for specific children?
- What are effective occupational therapy interventions that support social participation?
- Is there a critical age or stage of development during a child and a specific disabling condition will benefit most from occupational therapy?

*School-Based Services*

Occupational therapy's traditional role as a related service under Part B of IDEA is to assist students with disabilities to benefit from special education, although many schools utilize occupational therapy's expertise more broadly and include general education students under NCLB. IDEA 2004 is expected to expand occupational therapy's role with the use of early intervening services (also known as pre-referral activities) and response-to-intervention strategies. In addition to lingering questions about occupational therapy's traditional role, questions will arise regarding related services participation in these new efforts. Other questions in this category include:

- To what extent does occupational therapy help students benefit from special education ("specially designed instruction")? When is it appropriate for occupational therapy to be provided as special education rather than a related service?
- How does occupational therapy contribute to student achievement/school success?
- What are effective occupational therapy interventions that support learning and behavior, and social participation?
- What aspects of written literacy are affected by poor handwriting? Which aspects of "writing" are affected by lack of instruction? To what extent does occupational therapy intervention improve these outcomes in this area?
- To what extent does occupational therapy lead to successful graduation and post-secondary transition for students with disabilities?
- Development of valid and reliable functional or performance-based assessments (rather than the traditional "body structure function" assessments) that support appropriate identification and effective decision making.
- To what extent do collaborative service delivery models lead to improved student outcomes?
- What is occupational therapy's role in early intervening (prereferral) services, response-to-intervention, and other school-wide approaches?
- How do occupational therapists support student decision making and self-determination?
- To what extent are school-based occupational therapy groups effective in helping students develop functional and daily living skills, social skills, community mobility, organizational skills, and self-determination? How well does this learning generalize to other education, home or work environments?
- To what extent is occupational therapy effective in supporting reading, writing, and social interactions?
- What is occupational therapy's role in identifying and providing instructional and testing accommodations for students with disabilities?

*Professional Development (Personnel Preparation and Training)*

Occupational therapy and other related services personnel are critical to assisting teachers with the many difficult challenges they face in today's classrooms. We cannot expect teachers to possess all the skills and qualifications of pupil/related services personnel, who are specifically trained to address these types of challenges. Teachers who understand that there are specially trained individuals available to help them meet classroom challenges will feel more supported and thus more likely to stay in the profession. Furthermore, it will be important to support both discipline-specific and cross-disciplinary training that will promote trust and collaborative teamwork, including working with parents. Questions in this category include:

- What constitutes effective cross-disciplinary practices consistent with IDEA and NCLB?
- Do collaborative models result in more effective use of occupational therapy time, skills and expertise, as well as better team decision making?
- What makes an effective “team” and what is its effect on student or family outcomes? How does this lead to better decision-making by school and early intervention teams?
- What knowledge and skills are needed by an occupational therapist in order to work effectively with other educational professionals in schools and early intervention programs?
- How does effective preparation and professional development affect the occupational therapist’s ability to use effective practices?
- How does effective occupational therapy preparation and professional development affect student and family outcomes?
- What factors influence supply and demand of occupational therapy personnel in schools and early intervention programs?
- What is the capacity of occupational therapy education programs to conduct education-related research?
- To what extent does the inadequate number of doctorally-prepared faculty affect the quality of occupational therapy preparation and student and family outcomes?

*Working Conditions*

School personnel have seen dramatic increases in their workload, and in particular, bulging caseloads. This is also true for occupational therapy and other related services personnel, and is often complicated by chronic shortages of qualified related services personnel. While a great deal of attention is given to these issues as they affect teaching, AOTA is aware of very few efforts to understand the impact of these issues on occupational therapy personnel or schools’ capacity to provide appropriate services.

- What factors influence the recruitment, retention, and attrition of occupational therapists and occupational therapy assistants in early intervention and school programs?
- To what extent do working conditions and workloads (i.e., caseloads) affect the recruitment, retention, and attrition of occupational therapy personnel?
- What strategies have been effective in recruiting and retaining occupational therapists and occupational therapy assistants in schools and early intervention programs?

Thank you for considering our comments on the proposed IES priorities. AOTA looks forward to partnering with the Institute on the inclusion of occupational therapy in its priorities and research activities and to disseminate research findings to our members.

Sincerely,

Leslie L. Jackson, MEd, OT  
Federal Affairs Representative  
AOTA Public Affairs Division