SCHOOL SYSTEMS SPECIALTY CERTIFICATION Occupational Therapy Assistant

Table of Contents: Activity Evidence Forms EXAMPLES

- Below is one example for each type of *form*, not for each criterion. The examples are to help you understand how to *complete* each form, regardless of the criterion.
- The forms that are included are hyperlinked in the table of contents below.
- Please note that these are *examples only* to help guide you in the type of information to include. For many reflections, your style may be different; for example, more narrative or more bulleted.
- Note that unused forms (pages) are not included in this document. Please do the same with the final set of evidence forms you submit with your application.

Criterion 1. Knowledge: Diagnostic Considerations

- Formal Learning–Minimum 10 contact hours needed
- Independent Learning–Minimum 10 contact hours needed
- Publication Peer-Reviewed

Criterion 2. Knowledge: Assessment

- Formal Learning–Minimum 10 contact hours needed
- Independent Learning–Minimum 10 contact hours needed
- Publication Peer-Reviewed

Criterion 3. Knowledge: Intervention

- Formal Learning–Minimum 10 contact hours needed
- <u>Independent Learning</u>—Minimum 10 contact hours needed
- Publication Peer-Reviewed

Criterion 4. Knowledge: Regulation & Payers

- <u>Formal Learning</u>—Minimum 3 contact hours needed
- Independent Learning–Minimum 3 contact hours needed
- Publication Peer-Reviewed

Criterion 5. Assessment: Performance Skills

- Client-Based Case Study
- Mentee (does not include supervisory relationship)
- Self-Analysis of Video Recording

Criterion 6. Intervention: Performance Skills

- Client-Based Case Study
- Mentee (does not include supervisory relationship)
- Self-Analysis of Video Recording

Criterion 7. Intervention: Critical Reasoning

- Client-Based Case Study
- Formal Specialized Consultation for Intervention
- Mentee (does not include supervisory relationship)
- Program Development
- Research

Criterion 8. Psychosocial Critical Reasoning

- Client-Based Case Study
- Formal Specialized Consultation for Psychosocial
- Mentee (does not include supervisory relationship)
- Program Development
- Research

Criterion 9. Ethical Practice – The 3 ethical practice scenarios are found within the application itself.

Criterion 10. Establishes Networks

- Formal Specialized Consultation
- Marketing Activities
- Presentation
- Volunteer Leadership

Criterion 11. Advocating for Change

- Advocacy Efforts
- Advocacy Case Study
- <u>Presentation</u>
- Public Awareness Efforts
- Volunteer Leadership

PUBLICATION – PEER-REVIEWED

Back to Criteria

Criterion 1–Knowledge: Diagnostic Considerations

Demonstrates knowledge of primary and secondary conditions that impact occupational engagement related to school systems.

Guidelines

- Examples of peer-reviewed publication include journals such as AJOT or OTJR.
- May include a chapter in an occupational therapy or related professional textbook, if chapter has
 gone through peer review (a process in which subject matter experts, using a formal system and
 defined guidelines, provide content guidance to an author and recommend publication, revision, or
 rejection of a work).
- 1. Submit APA reference for the publication. For in-press publication, also include a verification letter or e-mail identifying applicant and anticipated date of publication.

Practitioner, O.T. & Practioner, O.T.A. (XXXX). Historical influences on language used in school system practice. In-press publication. Please refer to attached verification letter.

For this example, a verification is not included but should accompany an actual in-press citation being submitted.

 If applicant is not identified as first or second author, please describe your contribution/involvement in the development of the publication. (average word guideline–200)
 Second author

3. Provide a reflection indicating why this publication was chosen to represent "knowledge of primary and secondary conditions that impact occupational engagement related to school systems. (average word guideline–200)

I chose this publication because in it we describe the historical influences on language—the words, terminology, and messages—used in school settings. Understanding these influences and subtle changes has added to my body of knowledge and enabled me to be a better contributor to educational team discussions, with parents being part of the team.

Writing this article, I came to appreciate my role and the unique perspective that I bring to team discussions. My technical training and supervisor support enable me to understand medical terminology and diagnostic considerations (e.g., visual skills, physical endurance, or precautions). My experience in school system practice enables me to place diagnostic considerations in perspective, in other words, in collaboration with my supervisor, we can determine how a medical diagnosis may impact a child's progress and participation in their education. A child's medical diagnosis does not dictate whether or not they receive special education in school. The educational team determines whether a child is a child with a disability. This is done through a full individual initial evaluation using multiple sources of information.

As an OT practitioner, I contribute data in collaboration with my supervising OT. The primary and secondary factors that my supervisor and I often discuss include the child's profile, the curriculum expectations, and the environmental demands. I have found that I need to be mindful of the terminology that I use and that I should avoid using professional jargon. Instead, I need to use terminology that has shared meaning among team members and can be understood. The team, in turn, can take into account all available information and determine whether or not a child's disability affects his or her education. If a child is determined eligible for special education, then the team develops an Individualized Education Program (IEP) that includes how the child's disability affects their involvement and progress in the general education curriculum, or for preschoolers, how the disability affects the child's participation in appropriate activities.

INDEPENDENT LEARNING

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Criterion 3—Knowledge: Intervention

Demonstrates knowledge of relevant evidence specific to intervention in school systems.

Guidelines

- Minimum of 10 contact hours required.
- Multiple activities may be used to meet the hour requirement for the criterion.

	• Learning must have occurred in the past 5 years.
	 ase identify the type of independent learning activity in which you participated: ☐ Independent reading from AOTA-Approved Independent Learning List in school systems. X Independent reading of recent peer-reviewed, professional articles, or chapters in textbook not associated with a formal learning course. ☐ Independent review of professional electronic resources (e.g., NIH, CDC, CanChild). ☐ AOTA Journal Club Toolkit (reading & discussion time). Must be AOTA member to access the kit. ☐ AOTA Critically Appraised Paper (CAP, includes submission to the AOTA Evidence Exchange).
1.	Why did you choose this activity? Clinical reference for specific population, program, or individual Invited peer review of scholarly work or publication (print or online) X Preparation for poster or presentation Preparation for academic lecture Literature review for research project Preparation for serving as a mentor Other, please specify:
2.	 Bibliography of select item(s) used for independent learning. List in APA format. American Occupational Therapy Association. (2006). Transforming caseload to workload in school-based and early intervention occupational therapy services. Bethesda, MD: Author. DeBoer, A. (1995). Working together: The art of consulting and communicating. Longmont, CO: Sopris West. Fisher, A.G. (2002). A model for planning and implementing top-down, client-centered, and occupation-based occupational therapy interventions. Unpublished manuscript. Giangreco, M.F., Cloninger, C.J., Dennis, R.G., & Edelman, S.W. (2000). Problem-solving methods to facilitate inclusive education. In R. Villa & J. Thousand (Eds.), Restructuring for caring and effective education (pp. 254-291). Baltimore: Paul H. Brookes. Hanft, B., & Shepherd, J. (Eds.). (2008). Collaborating for student success: A guide for school-based occupational therapy. Bethesda, MD: American Occupational Therapy Association. Muhlenhaupt, M. (2003). Enabling student participation through occupational therapy services in the schools. In L. Letts, P. Rigby, & D. Stewart. (Eds.). Using environments to enable occupational performance (pp. 177-196). Thorofare, NJ: Slack. Schein, E.H. (1999). Process consultation revisited: Building the helping relationship. Reading, MA: Addison-Wesley Publishing Company, Inc.
3.	Date(s) of independent learning June 1 – July 15, 20XX

- 4. Time spent engaged in independent learning.
 - For reading, estimate 8–12 published pages/hour. *Not required for AOTA-identified independent learning list of resources.*
 - For journal club, discussion time counts toward 10-hour requirement.

24 hours over 6 weeks		

5. Describe the relevance of the independent learning activity to your practice in school systems. (average word guideline–200)

In collaboration with my supervising OT, I presented on *School-Based Practice* at our state OT conference. The goal of this presentation was to promote the use of inclusive, collaborative, and student-centered school system services. In preparation for the presentation, we accessed a variety of relevant books and articles on school system practice, frequently integrating new ideas and insights into our practice. We included narratives from our practice to provide a lead-by-example approach of how techniques could be reasonably implemented.

6. Describe how the knowledge acquired from this activity "demonstrates knowledge of relevant evidence specific to intervention in school systems." How did the activity influence the way you practice, or how did it affect your client outcomes? (average word guideline–200)

As I reviewed the literature pertaining to school-based practice, I acquired new ideas specific to intervention and I brought those ideas into my supervisory discussions. One idea was the use of activity analysis to (a) evaluate a student's ability while they perform a routine classroom task, (b) design a targeted intervention, and (c) measure the student's increased ability to complete the task. My supervisor and I discussed scenarios of how I could bring this idea into practice. In this manner, my independent learning in preparation for this presentation contributed to my increased knowledge and how I implement services.

The presentation itself influenced my practice. I often provided intervention at the individual student level, with some intervention at the classroom or school level. In our presentation, we discussed occupational therapy services more broadly. For example, during the workshop, my supervisor advocated for the use of system supports as a method of intervention at the population level. The example she gave from her own practice was her advocacy efforts surrounding safe bus transportation for students in wheelchairs. During a subsequent discussion with workshop participants, we identified additional areas that had the potential to be supported on a systems level. These discussions centered on joining the district's curriculum committee to develop a set of best practices when teaching handwriting in grades K-3 and working with a high school principal to develop policies to provide students with dysgraphia greater access to the computer lab. I used these ideas to improve the way I support my school district at a systems level. When I returned to practice, I advocated for accessible water fountains in a middle school.

FORMAL LEARNING

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Criterion 4—Knowledge: Regulation & Payers

Demonstrates knowledge of laws and regulations relevant to school systems, including payer sources.

Guidelines

- Minimum of 10 contact hours required.
- Multiple activities may be used to meet the hour requirement for the criterion.
- Learning must have occurred in the past 5 years.

Please identif	v the type	of activity	in which v	you participated
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☐ AOTA CE: Participation in Self-Paced Clinical Course or CE Product from the list of	AOTA offerings
approved for this certification. Completion of course will be verified by AOTA. Sub	omission of
additional documentation beyond this form not required.	
X Non-AOTA CE: Attending workshops, seminars, lectures, or professional conference	es with formal

established objectives.

☐ Participation in post-professional academic coursework. *Attach unofficial transcript*.

1. Activity information.

Activity Title	School System Therapy: What Practitioners Need to Know, Understand, and Do
Provider/Instructor	Jane Doe, OTR/L, SCSS
Activity Date(s)	May 1, 20XX
No. of Contact Hours	5

2. Activity Learning Objectives. List up to 5.

	T de la constant de l
(A)	To understand federal educational law and regulations and their effect on school system occupational therapy practice.
B)	To differentiate therapy service delivery models –early intervention, educational, and medical.
C)	To align services (e.g., screenings, evaluations, consultations, and interventions) within the educational model.
D)	
E)	

200)	
	course distinguishes occupational therapy services in school systems versus other systems. ovided practical information about educational law and providing services in schools.
regula	ribe how the knowledge acquired from this activity "demonstrates knowledge of laws and ations relevant to school systems, including payer sources." How did the activity influence the you practice, or how did it affect your client outcomes? (average word guideline-200)
man docu I bed with (e.g. exar	In I returned from this course, I discussed with my supervising OT the educational laws that date our practice in school settings. This discussion resulted in us reexamining our imentation and how we communicate our role in the school setting. Came more deliberate in aligning my practice with educational law, primarily the Individuals Disabilities Education Act (IDEA). This resulted in a revamp of our paperwork templates and annual reviews) to include headings and descriptors that better align with IDEA. For mple, I adjusted a heading titled "Summary" to read as "Learning and Participation lighters".
My r inclu prog mod learr desc reha	decommendations to the educational team, in collaboration with my supervising OT, now add accommodations to consider so that the student can benefit from their educational tram in the least restrictive manner. Additionally, my supervisor and I considered whether diffications might be necessary so that students can participate in or perform parts of a manning activity. At Individualized Education Program (IEP) meetings, I am more confident in the ribing my role in the school setting and distinguishing my role from a practitioner in a bilitation setting. I have begun discussions with my supervisor to explore ways to increase involvement in response to intervention, general education, and program level services.
	nit documentation that verifies completion of the activity, such as certificate of completion or cial transcript. <i>Not required for AOTA courses</i> .

For this example, a verification is not included but should accompany this activity if submitted.

3. Describe the relevance of the activity to your practice in school systems. (average word guideline-

SELF-ANALYSIS OF VIDEO RECORDING

Back to Criteria

Criterion 6—Intervention: Performance Skills

In collaboration with the supervising occupational therapist, performs interventions that are unique to school systems while integrating impact of varying client factors and contexts.

Guidelines

• Submission of actual video recording is **not** required for application; however, appropriate permissions should be obtained by applicant whenever engaging a client in a video-taped session.

1.

Age of Client	Classroom of 12-14 year old middle school students
Client Diagnosis(es)	Special education students with varying disabilities
Setting for Intervention	Classroom
Date of Video Recording	October 4, 20XX

2. Provide a brief summary of the video contents and how it demonstrates your ability to "collaborate with the supervising occupational therapist and perform interventions that are unique to school systems while integrating impact of varying client factors and contexts." (average word guideline—200)

The video captures a special education teacher and I co-facilitating a middle school science course.

The science curriculum framework for 6th grade outlines that students should understand that "many organisms, including humans, have specialized organ systems that interact with each other to maintain dynamic internal balance". While consulting on these curriculum expectations, my supervising OT, the teacher, and I realized that all students in her self-contained class would benefit from understanding the brain-body connection (how they take in information from the world around them, make sense of that information, and then use it for interacting with people, objects, and the environment). To focus on the internal balance of this concept, we centered on content that would educate students on increasing their self-awareness, self-monitoring their responses, and using strategies and tools to self-regulate. The lessons included opportunities for describing what the students think they already know, learning new content, asking questions, performing experiments, collecting data, and reporting back to the group.

I chose this video because it captured a collaborative team-teaching approach – a style of intervention that was relatively new to me.

3.	After reviewing this video, describe the insights you gained, and reflect on how the analysis experience validated or supported change in your practice related to intervention. (average word guideline-400)	
	While reviewing this video, I rated whether or not I thought students were engaged in the lesson, what type of interactions occurred, and whether students appeared to understand the lesson. I also rated my instruction, including my explanations, questions, and praise to correction ratio. While watching the video, I felt that I spoke too much rather than letting students engage in discussion. I brought this challenge to my supervision meeting. While reviewing the video with my supervisor, we were able to discuss alternative strategies to trial and improve my instructional approach. One technique in particular was to allow for a pregnant pause and wait for students to answer or contribute to the discussion. After putting this practice in place, I discovered that students were more apt to speak up, share, and demonstrate their grasp of the material. I continue to use this strategy and have found it to be effective in other instances as well (e.g., teacher consultations, parent meetings, and trainings).	

CLIENT-BASED CASE STUDY

Back to Criteria

Criterion 7—Intervention: Critical Reasoning

In collaboration with the supervising occupational therapist, selects, plans, and modifies interventions in school systems based on evidence and assessment data.

Guidelines

- Client-based case study should **not** include any form of standard client documentation (e.g., assessment summary, discharge plan) or identification of client name(s) or facility information.
- 1. Date(s) case study represents

September-November, 20XX

2. Describe the client, client factors, and case contexts for the identified case. The context of the case should be adequately communicated so that relevance and merit of the case to the criterion is easily determined. (average word guideline–500)

After an incident of bullying, my supervisor and I were asked to partner with a middle school counselor in leading social skills training for a small population of students with autism spectrum disorders (ASD). We were asked to design a program that would be meaningful for these students, two of whom had social goals as part of their IEP. The aim of the group was to help integrate these students into the social fabric of the middle school culture.

After researching social skills training programs and strategies, my supervisor and I brought a summary to the counselor and we brainstormed on how to proceed. As the OT practitioner, I thought it would be beneficial to use social situations embedded in school contexts (e.g., situations naturally occurring in the school environment, rather than creating events specifically for practicing social skills). The counselor thought it was important to involve students outside the group in the planning process to help ensure success. We developed group intervention goals aimed towards developing peer relations among the students with ASD and other students, increasing school involvement for all students, and including group members in school social activities as a means of practicing social communications and fostering successful social relationships.

Based on research and best practices outlined in the literature, we developed a process to educate the students on what might unfold at a planned event, what to say, and what behaviors were expected and unexpected. We discussed coping with anxiety, sensory issues, perfectionist behaviors, and ritualistic behaviors. The process involved the following steps:

- 1. Teach the social skills needed
- 2. Present details of the activity
- 3. Try-out and rehearse role play scenarios
- 4. Participate in the activity
- 5. After the event, review moments of success and need for further growth

The first planned event for students to attend was the homecoming football game. Following the group process, we focused on explicit information on what to expect in the course of the evening, including the sensory aspects of attendance at the game. We developed and practiced a simple script of questions for conversation starters with other students, and invited a few students into the group to help group members practice. We had two of the cheerleaders come and teach the words to two of their cheers, and then practiced the cheers with the group members. We reviewed expected behaviors and rules for being in public and discussed what might happen if a person's anxiety resulted in unexpected behaviors. We informed the parents and teachers about what was happening and solicited their assistance. We rehearsed, practiced, and rehearsed some more. When game day arrived, we were ready.

Our preparation did not anticipate all possible scenarios. For example, although the evening went well, we had not planned for loss of interest as the game progressed and the resulting deterioration of group member behavior. We had not anticipated how many adults would be needed to escort students back and forth to restrooms during the game, nor had we practiced how to interact with others in a public restroom. Additionally, the peer social situations we had hoped for in the stands during the game did not materialize. Our group remained marginalized and not socially integrated with the student body.

The students in the group reported varying degrees of satisfaction with the event, and provided lots of feedback (e.g., "The music was too loud!", "The lights were too bright.", and "Nobody talked to me.") Debriefing with the counselor and two of the teachers was beneficial, as we identified specific areas where we needed to improve. Here are some examples of what was decided:

- 1. Parents, siblings, teachers, school personnel, and other students needed to be part of the planning so that they were clear on our goals for the evening and understood the strategies used to help facilitate success.
- 2. Bathroom breaks needed to be anticipated and escorts planned. Bathroom protocol and appropriate social interactions needed to be taught and rehearsed.
- 3. Selected events should be shorter in length than a football game, at least at first, and less chaotic when possible.
- 4. Some group members experienced increased anxiety and needed the comfort afforded by familiar objects and/or rituals. Such idiosyncrasies for individuals within the group needed to be accommodated for within the planned activity until their social anxiety decreased.
- 5. Other students should be involved not only during the planning process, but also during the event to facilitate social interactions.

3.	Articulate how this case demonstrates your ability to "collaborate with the supervising occupational
	therapist and select, plan, and modify interventions in school systems based on evidence and
	assessment data." (average word quideline-500)

This group intervention effort provided significant professional growth for me in the area of collaborative teamwork. Even though I researched for evidence-based and best practices, putting the research into practice was more complex than I anticipated. Each student presented with their own complexity of needs. Careful planning and involvement from stakeholders—including parents, siblings, professionals, and peers—was critical to the success of the group. Learning from others enriched my knowledge of strategies and techniques for working with students with ASD, as well as my understanding of group dynamics.

MENTORING RELATIONSHIP-MENTEE

Back to Criteria

Criterion 7—Intervention: Critical Reasoning

In collaboration with the supervising occupational therapist, selects, plans, and modifies interventions in school systems based on evidence and assessment data.

Guidelines

- Must represent a **minimum of 10 hours** over a minimum of 2 months.
- Does **not** include supervisory relationships.
- Relationship must have occurred in the past 5 years.

1.	Dates	of	mentoring	relationshi	p
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January 27 – May 5, 20XX

2. Approximately how many hours did this represent in total?

15 hours

3. Applicant's goals for mentoring relationship. Goals must have been met by time of application. List no more than 3.

A)	To become more proficient in promoting improved social participation of children with poor social skills through small group formats and coaching within everyday school environments.
B)	
(C)	
,	
1	

4.

Mentor	Susan Smith
Position/Role of Mentor	School Social Worker
Workplace of Mentor	XYZ School District
Contact Information for Mentor (email or phone number)	ssmith@email.com

5. State why the mentor was selected to help you meet the goals identified above relative to the criterion. (average word guideline–50)

My mentor was a social worker in my district. I selected her because of her school and district-level advocacy for promoting teacher understanding of students' social skills and their impact on learning and participation in school. Furthermore, she possessed knowledge pertaining to influences of family, culture, and educational environments on student social participation.

6. Briefly describe how the knowledge acquired from this mentoring activity influenced your service delivery with clients, specific to your ability to "collaborate with the supervising occupational therapist and select, plan, and modify interventions in school systems based on evidence and assessment data." (average word guideline-200) This mentoring experience helped me to develop new intervention practices in areas of social participation and social-emotional well-being of students. My mentor guided me through the process of planning and conducting small groups targeting social competence for children with autism, emotional disability, and other psychosocial diagnoses. She pointed me towards a variety of resources and we co-created a basic curriculum addressing social competence. We reflected on how best to help students transfer the skills learned in small groups to social interactions in the classroom, during extracurricular activities, and during recess. I learned that consulting with classroom teachers and coaching students in everyday school environments has been effective for helping students transfer their skills to different contexts. I also learned that the relationship I build with students during small groups was paramount to my ability to coach them in everyday school environments. The skills acquired during this mentorship have enabled me to provide effective services to children with disabilities, impacting their social participation and social-emotional well-being.

PROGRAM DEVELOPMENT

Back to Criteria

Criterion 7—Intervention: Critical Reasoning

In collaboration with the supervising occupational therapist, selects, plans, and modifies interventions in school systems based on evidence and assessment data.

Guidelines

- *Program development* refers to the creation of a new program or development of an evolving program.
- 1. Dates of program development

Sept. 23, 20XX through May 3, 20XX

2. Briefly describe the program purpose, services offered, and clients served. (average word guideline—250)

Based on a district-wide initiative to expand a transition-to-work program, a supported work site was established at a local university. This work site, a horticulture program, provided special education high school students with opportunities to build their work skills in a community setting, gain experience, and increase the likelihood for gainful employment after graduation. Staff collected data as students performed their work responsibilities to determine the student's readiness for less supports, need of specialized intervention to advance skills, and need of accommodations to increase success. As students demonstrated use of consistent work behaviors, they transitioned into less supported assignments.

3. Describe how this program development activity, including description of resources used, demonstrates your ability to "collaborate with the supervising occupational therapist and select, plan, and modify interventions in school systems based on evidence and assessment data." (average word quideline–500)

Being a member of the team that developed this program added to my critical reasoning skills as I looked at the project from start to finish—not only from my own discipline but from the perspective of others (e.g., teachers, administrators, students, and the community). Starting out, each of us approached the project from our own vantage point. Through team discussions, a review of the literature, and data gathered through a needs assessment, we collectively determined that a supported work program with a focus on horticulture was the best place to start.

In planning the program, we took into account what the literature supported as best practice. This consisted of defining a work site that offers a wide range of jobs, particularly those that can be adapted based on student needs. Additionally, the work site would be a social environment with supportive and flexible staff and provide an opportunity to interact with community members. Each step of the way, we needed to apply our critical reasoning skills to develop a program that would meet the students' needs.

Being involved in this program development taught me how to plan a relatively simple needs assessment for a small program. Additionally, working with the team, I learned how to combine the results of the needs assessment with what the literature supports. I discovered the importance of the iterative process of seeking out information from a variety of sources, asking questions, and returning to the literature or results of the needs assessment for answers to questions.

The iterative process occurred at every step, and reminded me of the importance of carefully planning for approaching projects of any size. I find that I use this process more frequently in my daily practice when planning interventions.

RESEARCH

Back to Criteria

Criterion 8—Psychosocial Critical Reasoning

In collaboration with the supervising occupational therapist, recognizes immediate and long-term implications of psychosocial issues related to conditions of clients in school systems and modifies therapeutic approach and occupational therapy service delivery accordingly.

a	ccordingly.		
WI	hat type of	research was conducted? Plea	se choose 1.
	☐ Scienti	ific inquiry– Qualitative, quantitat	tive, or mixed-methods approach.
	psychol	_	development –Scientific inquiry to establish I, (2) an existing tool with a new population, or (3) an e.
	•	natic review of the literature—Core to answer a focused question.	Comprehensive search, review, and analysis of the existing
1.	Title of res	earch conducted	
	Teacher n	nindset and its effect on perceptio	n of student effort: A research proposal
^	N/1 l :	of discounty allow	
2.	Mechanism	of dissemination:	
	☐ Publica	tion	☐ Evidence-Based Practice
	X Peer-revi	iewed presentation	☐ Project Web site
	☐ Grant fu	unding	☐ Dissertation/thesis
	☐ Criticall	y Appraised Topic (CAT, e.g., AOT	A)
	M. B., (20		ial Worker, A.Y., Special Education, M. H., & Teacher, ect on perception of student effort: A research th, NH.
3.	Role of app	olicant in the research. <i>(average</i> и	vord guideline–25)
	was a me	mber of the research team that re	eviewed the literature and drafted the proposal and d critique during a roundtable discussion.

4. Purpose and rationale of the research. (average word guideline-250)

Reviewing the literature, we located an intelligence mindset framework comprised of two types of mindsets - fixed and growth. Theoretically, a person with a fixed mindset concerning intelligence believes everything is about outcomes, talent, and intelligence. Conversely, a person with a growth mindset focuses on hard work and believes that talent and intelligence can develop.

Further investigation into the literature resulted in locating several studies that showed the impact of mindset on academic performance and effort. One researcher found that secondary students, who have growth mindsets about intelligence, felt better about themselves when confronting a challenging task and did better on these tasks. In addition, the researcher observed that students with growth mindsets who were transitioning from elementary school to junior high school earned higher grades and received higher test scores on standardized exams than those students with fixed mindsets. If mindset can affect student motivation in a classroom, and if motivation can affect a student's perception of effort and engagement in an activity, it seemed necessary to investigate the role the teacher plays in student motivation and effort.

We designed a research proposal to investigate the connections between mindset, academic performance, and effort. Specifically, we aimed to understand the role that teachers' mindsets have on their perception of student effort in academics.

This research proposal was designed to answer the following questions: (a) What are the effects of teachers' mindset on what they value from students?, (b) What are teachers' approaches to students' intellectual tasks?, and (c) What are teachers' perceptions of student effort?

5. Describe how this research demonstrates your ability to "collaborate with the supervising occupational therapist and recognize immediate and long-term implications of psychosocial issues related to conditions of clients in school systems and modify therapeutic approach and occupational therapy service delivery accordingly." (average word guideline–400)

Being involved in the research, literature review, and roundtable discussion, expanded my thinking about student engagement, effort, and persistence. I began to consider how I might influence student participation and outcomes based on my belief system, actions, and messages. I contemplated whether I possessed a fixed or a growth mindset. Did I believe that intelligence could be developed? More importantly, what messages do I communicate to my students?

I began to reflect on those messages and I became more mindful of communicating a growth mindset. I encouraged my students to believe that they can overcome challenges through work and they should focus on personal development, learning, and growth. I often relay to them that intelligence is a process, not an outcome, and many mistakes and struggles need to be made along the way. Having these conversations, I discovered that students were more likely to persist through challenges. I even had students return to me and echo my words of "try, try again" and "mistakes are part of learning." I continue to use this approach and communicate these messages with my students.

FORMAL SPECIALIZED CONSULTATION

Back to Criteria

Criterion 10—Establishes Networks

Establishes and collaborates with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems.

Guidelines

- This should **not** be confused with consultation that is part of the ongoing services provided in your routine job duties but is a request to address a particular issue at a particular site, either external or internal.
- Consultation may include (but is not limited to) developing or evaluating a program or service, developing a strategy for long-term planning, establishing outcomes measures, incorporating national guidelines into internal policies and procedures, assessing and addressing staff educational needs, assessing and addressing resource needs, and validating program/service delivery with current evidence.
- Applicant must have had a minimum of 10 hours working with the site.

1.

Entity for Which Consultation Was Completed	Anypreschool, USA
Date(s) of Consultation	January 16 through April 27, 20XX
No. of Hours Completed During Consultation	12 hours of onsite meeting time

- 2. Objectives for consultation. Objectives must have been met by time of application. Please list no more than 3.
 - A) During the initial planning phases, our consultation objectives centered on educating those on the playground committee on the different elements of play for preschooler.
 - B) At the next stage of planning, our consultation shifted to how to set up environments that encourage play, exploration, and learning.
 - C) Lastly, our collaborative consultation pertained to learning expectations tied to the classroom curriculum and activities that could occur within the play area.
- 3. Summarize the consultation results. (average word guideline–200)

A new preschool special education classroom was created at a local elementary school. The school lacked a developmentally appropriate play area for preschoolers. The local Parent Teacher Organization stated that they would serve as a funding source provided a viable plan could be developed. I was asked to serve as a consultant, along with my supervising OT, to share my expertise our on play, provide advice on setting up play environments, and relay strategies for addressing a broad range of needs—children with physical, cognitive, and/or sensory disorders.

The playground committee moved forward in a very methodical manner. Their vision was about play versus play equipment. With that focus, they were eager to learn about the different elements of play and how to set up an outdoor space that provided for children's physical, social, emotional, and intellectual development. Additionally, they had the task of ensuring that preschoolers with special needs could access the play area.

The committee grasped the information provided on play and setting up environments to address different styles of play and interaction. They even began to use the language to define the spaces: "womb", "kid power", and "brain power" spaces. Additionally, they began to explore the play area from the perspective of play elements: perception of control, sources of motivation,

and pretend play.

The result was a play area consisting of structured play equipment (i.e., an apparatus with balance beams, a wobbly bridge, a low parallel slide, and a talking tube); an open playhouse area for dramatic play; a winding path for riding toys; raised beds for sensory gardens, little play nooks, a large open space for group activities, and a storage shed for equipment and supplies. The children engaged in a variety of play, free exploration, and interactions with their classmates. The adults developed a new understanding of play and how to adapt the environment by bringing out different equipment and supplies to bring about new spaces and new forms of play (e.g., sidewalk chalk to mark the bike path and bring about a brain power space).

4. Summarize how this professional development activity influenced your ability to "establish and collaborate with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems." (average word guideline-400)

During this formal consultation, my supervisor and I discovered that we needed to establish and build a trusting relationship with the members of the playground committee in order to have them consider us a resource. To build this relationship, we listened to the committee as they described their ideal playground. Since their focus leaned toward play skills, we delved into the occupational therapy literature specific to the psychosocial aspects of play. We then provided the committee with information and frameworks to structure and align their thinking as they moved forward.

The frameworks that we located not only helped me understand (and explain) the act of play but also complemented the preschool curriculum framework used in the classroom to measure outcomes of play. We took all of the information that we located, condensed it, and put together a one-page handout to guide discussions with the committee. The handout, with a simplified diagram of three overlapping circles, helped us explain the psychosocial aspects of play, environmental considerations, and curriculum expectations. The committee grasped onto the model, expanded their thinking, and designed a playground that emphasized the different aspects of play.

Through careful planning, communicating complex information in a simple manner, and tapping into what the committee was familiar with (i.e., curriculum expectations), we were able to guide the committee into designing a playground that fosters play, participation, and interaction among the children.

Since this endeavor, different persons on the playground committee have asked us to present to parents on the topic of play skills.

MARKETING ACTIVITIES

Back to Criteria

Criterion 10—Establishes Networks

C)

Establishes and collaborates with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems.

	podcasts)	I source audience
1.		
	Target Audience of Marketing	Local Education Agencies and Private Schools
	Date(s) of Marketing Efforts	05/01/XXXX-05/01/XXXX
	Approximate Total Hours Engaged in Marketing Activity	24 hours creating and disseminating marketing materials (i.e., brochure, information sheets, letters, and questionnaire)
2.	Provide a brief summary of the marketi	ng activity. <i>(average word guideline–50)</i>
	Working for a pediatric practice, I creat send to current and prospective market agencies and private schools. Information	ated materials, in collaboration with my supervising OT, to ets. Letters and a brochure were mailed to local education tion sheets were posted on our website. A questionnaire eack for the purpose of shaping future services.
3.	Applicant's objectives for the marketing	j. List no more than 3.
		eveloped and distributed to our referral sources and derstanding whether or not our services were meeting the student success.
	information sheets describing our s	rces, I created and distributed a brochure along with school system level of expertise and commitment, ice delivery models, and occupational therapy under

different educational mandates (e.g., IDEA, NCLB, and Section 504).

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ADVOCACY EFFORTS

Back to Criteria

Criterion 11— Advocating for Change

Influences services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities.

Guidelines

- Active involvement in or facilitation of advocacy activities at the local, regional, state, or national level for the purpose of influencing decision-makers about policy, procedures, services, reimbursement, or occupational justice issues.
- Merely serving as a participant does not constitute advocacy efforts.
- Minimum of 10 hours over at least 2 months.

Type of advocacy activity: (check all that apply)

Development and dissemination podcasts)	n of advocacy materials (e.g.,	letters, brochures,	Web sites,
obbying to/education for policy-	-makers		
Organizer of community event)	
Subject expert in media interview	ew (e.g., radio, television nev	vs, newspaper)	
Presentation to stakeholder			
Other			
Description of Activity	Target Audience	Date(s)	No. of Hours Involved
Worked in collaboration with an OT to seek an OT Rule change for the definition of the term screening.	State OT licensing board	November 20XX through February 20XX	12 hours
Applicant's objectives for advoc	cating for change. List no mo	re than 3.	
A) To advocate for a change defined.			screening was
B) To promote that the narrow definition of screening as a data gathering tool for determing the need for an occupational therapy evaluation be expanded to acknowledge that screenings can be be used as a tool for determining needed supports and strategies to optimize client participation and performance.			
C)			

3. Discuss the results, outcomes, or progress toward change affected by this advocacy effort that demonstrates how you "influence services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities." (average word guideline–350)

The outcome of this advocacy effort resulted in the adoption of a new, broadened definition allowing for occupational therapists participation in screenings to meet a variety of client needs. As a result, consumers of occupational therapy services (including those in school systems) have greater access to the knowledge, skills, and input of occupational therapists through screenings.

My involvement in this advocacy effort was a direct one. I wanted to be involved because as I worked in collaboration with my supervising OT in schools, I realized that how the term screening was defined in our state limited our ability to provide ideas and supports for students early on. I worked along side my supervising OT and researched how other states defined occupational therapy screenings. Together we put together a proposal. I attended the meeting where my supervising OT presented the proposal with rationale for the change to the licensing Board Rules committee. In their deliberations, the licensing board Rules Committee determined that the narrow definition no longer served the profession. This recommendation for change was made by the committee to the full board with the proposal and rationale being presented once again. Attending this meeting, I had the opportunity to answer questions along with my supervising OT regarding potential clients, contextual factors contributing to the instructional and behavioral screenings, and why occupational therapists should participate in the screenings. After two readings, a new, broadened definition was adopted.

By approaching this advocacy effort with a clear purpose, documenting the proposal and rationale, providing evidence and need for change, and answering Board member's questions, services were influenced for clients not only in school system practice but also across other practice settings.

ADVOCACY CASE STUDY

Back to Criteria

Criterion 11— Advocating for Change

Influences services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities.

Guidelines

- Efforts toward change that influence access to services or promote the health and occupational engagement of clients.
- This should **not** be confused with routine job duties associated with expected occupational therapy service delivery. For example, submitting letters of necessity for equipment would not meet intent.
- 1. Date(s) case represents

October 10 through November 15, 20XX

2. Describe the client (person, organization, population) or program and the context as it applies to an identified need for change. (average word guideline–100)

The client was a 9 year old boy who transitioned into the school district where I work. He enrolled in 4th grade and received special education, including occupational therapy services. He presented with motor tics that were exacerbated under stress. The focus of occupational therapy services was to work with the student so he could employ self-regulation techniques and experience calm within his school day. One day, I observed him during recess. He was playing dodgeball with several boys. At first glance, he appeared to be having fun. Upon closer examination, he did not have the response speed to dodge the ball and was the first boy to be out. In speaking with him, he reported that he liked to play dodgeball and, that while the ball hurt and gave him red marks, he enjoyed being part of the game. The other activities that day included jumping rope, running around, and playing on the playscape.

3. Summarize your efforts to influence change. (average word guideline-200)

Dodgeball did not seem to be an appropriate recess activity for this 9 year old student and, in my mind, was a questionable activity for the other children. When I brought my concerns to my supervising OT, we approached the school principal where we discovered that the principal's adult son was a dodgeball enthusiast and served on an organized team. This led me to investigate the difference between dodgeball as a play activity and as a sport.

Many elementary schools across the nation have banned dodgeball from their physical education programs and recess activities. They cited that the game is too dangerous for young children, and often results in a high incidence of injuries. The stance of the National Association for Sport and Physical Education is that dodgeball provides "limited opportunities for everyone in the class, especially the slower, less agile students who need the activity the most."

After gathering this information and exploring alternative recess activities, I presented the case again to the school administrator.

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PRESENTATION

Back to Criteria

Criterion 11— Advocating for Change

Influences services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities.

Type	of	presentation:

X In-service to professionals
☐ Academic program lecture
☐ Professional level workshop (e.g., state conference)
☐ Community

1. Presentation information.

Title	Introduction to School-Based Occupational Therapy
Target Audience	The target audience was school personnel that I work with including general and special education teachers, classroom assistants, guidance counselors, and a school psychologist.
Date and Time of Presentation	January 16, 20XX. The presentation was 1.5 hours long followed by a .5 hour question and answer period.

2. Brief description of the presentation, including content focus. (average word guideline-50)

The focus of the presentation was to educate school staff on the occupational therapy referral process and the services that school system practitioners provide. Additional topics covered included classroom activity ideas, and strategies related to specific skills (e.g., fine and gross motor, visual perceptual, visual motor, and organization), and environmental factors to consider for students' optimal classroom performance.

- 3. Applicant's objectives for advocacy. Objectives must have been met by time of application. Please list no more than 3.
 - A) To pre-position resources by speaking with current and future educational team members, answering their questions, and providing information on how occupational therapy services can support student participation and performance.
 - B) To market occupational therapy services and begin discussions with the educational team about the wide range of contributions practitioners can provide.
 - C) To advocate for change by providing the least restrictive ergonomic and visual strategies that can be implemented by the teacher and team prior to an OT screen submission.

organization, population) in school systems through independent or collaborative education or advocacy activities." (average word guideline–200)

Through this presentation, I advocated for change in how educational staff in my district view the domain of occupational therapy in school system practice. I not only provided introductory level information regarding occupational therapy in schools, but also presented ways that the educational staff could incorporate simple strategies and activities into classroom programs. After the presentation, there was a 23% decrease in handwriting-specific screenings within one marking period. Conversely, requests for occupational therapy screenings in other areas (e.g., behavior, technology adaptations, school-related self-care, and visual skills) increased by more than 10%. In addition, educational staff members asked me to consult at the program level regarding general classroom adaptations. I believe that the educational staff saw me as more approachable, valued my input, and understood the role of occupational therapy practitioners in schools.

4. Describe how this presentation demonstrates that you "influence services for clients (person,

PUBLIC AWARENESS EFFORTS

Back to Criteria

Criterion 11— Advocating for Change

Influences services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities.

Guidelines

Development of public awareness media for a broad audience to promote topic(s) relevant to the specialty area.

Type of media developed: (check all that apply)					
Presentation to potential referral source	audience				
☐ Presentation to potential clients					
\square Participation in community event, such a	as health fairs				
☐ Speaking to community groups					
Development and dissemination of market	eting materials (e.g., brochures, Web sites,				
podcasts)					
\square Participation in media interview (e.g., te	elevision news, newspaper)				
Other					
1. Target audience(s) of public awareness.					
Target Audience of Public Awareness	The target audience for this public awareness online video was				
Efforts	teachers and parents of school-age children with or without				
	special needs. The video was developed in August 20XX and uploaded				
Date(s) of Public Awareness Activity	to YouTube on Sept. 3, 20XX. It is ongoing.				
Approximate Total Hours Engaged in	The video is 15 minutes in length and took				
Public Awareness Activity(ies)	approximately 10 hours to produce.				
. Brief Summary of the Public Awareness Message (average word guideline-50)					
My focus with the video was to increase	e public awareness about ergonomic work areas for				

children in school and home environments. Additionally, I wanted the public to become aware that environmental modifications are within the scope of practice for OT practitioners.

- 3. Applicant's objectives for advocacy/change. List no more than 3.
 - A) To increase public awareness by posting an educational video that addresses ergonomic work areas for children in school and home environments.
 - B) To advocate for change by educating people on how to identify and correct an inappropriately- sized work area for a student.
 - C) To share this video via YouTube with parents and teachers of students that I work with, and with any person that might need this information.

4.	Summarize the changes that have occurred (or progress toward change) as a result of your public awareness efforts and how this activity demonstrates that you "influence services for clients (person organization, population) in school systems through independent or collaborative education or advocacy activities." (average word guideline–200)
	I created and uploaded the educational video on YouTube and spread the word that it was available to view. Since its posting, I have received positive feedback via email and social media from many parents and teachers. Several commented on how they had never considered the impact of desk and chair heights before. One teacher reported that one of her students showed remarkable improvement in her focus and attention with a quick chair change. The student's feet could not touch the ground in the chair she used previously. Now the student reportedly fidgets less and completes her work in a timely manner.
	With online access to the video, parents and teachers have reported that they can easily share the link with fellow parents and teachers so that seating standards can be consistent at both home and school. Parents have also reported modifying the areas where their children complete homework, changing from adult-size chairs and tables to more appropriate heights. Due to the positive impact this video has had, I have been requested to present this topic to the faculty at one of my elementary schools.

VOLUNTEER LEADERSHIP

Back to Criteria

Criterion 11— Advocating for Change

Influences services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities.

Guidelines

- Service with a local, state, national, or international agency or organization that has relevance to the criterion.
- Minimum of 25 hours for at least 1 year.

 Name of (organizatior
-------------------------------	--------------

State Occupational Therapy Association

2. Dates of service

January 20XX - December 20XX

3. Approximate number of hours of service

30 hours

4. Identification of the volunteer leadership role served (must be leadership in nature, e.g., officer, chair, committee member, board member)

I served as Program Chair for the annual state conference. I was responsible for working with conference committee members to identify the conference theme, issue a call for papers, review all submissions, determine final program content, and notify presenters of their acceptance and provide them with presentation protocols to follow.

5. Describe how this leadership activity helped you "influence services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities." (average word guideline–400)

Historically, presentation submissions on specific topics related to school system practice had not been a focus at the state conference. With data provided by AOTA, I informed the state conference committee of the large percentage of OT practitioners working in school settings. From my experience as a school system practitioner and manager of OT services in schools, I was able to recommended program content that would be beneficial and had the committee send invitations to prospective presenters and featured speakers that would attract school practitioners. My perspective was also helpful in the submission review process, as I was able to ensure a broad range of topics for school system practitioners with an emphasis on supporting occupations of children and youth at school. In shaping the program, I was able to ensure not only a balance across traditional inpatient, outpatient, and home health settings, but also influence the inclusion of program offerings that would benefit OT practitioners working in schools.

ETHICAL PRACTICE SCENARIO (Part 1 of 3)—Fiscal & Regulatory

Back to Criteria

Criterion 10—Ethical Practice: Client-Based

Identifies ethical implications associated with the delivery of services in [area] and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the <u>AOTA Code of Ethics and Ethics Standards</u> and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scanario #1

30		
ye	e school district has identified students with IEPs who near (ESY) services. An OTA is offered a job over the sumn strict does not plan to hire an OT. [For sample purposes of the content	ner to provide these services. The
Sc	enario #2	
Scenario #3		
1	To which scenario are you responding? Scenario #1	
• •	To which seemand are you responding.	
2	From the AOTA Code of Ethics and Ethics Standards, wh	high othical principle(s) has/have been
۷.	From the <u>AOTA Code of Ethics and Ethics Standards</u> , which ethical principle(s) has/have been challenged in this scenario? Select the top ethical principle(s) that apply, up to a maximum of 3.	
	chancinged in this section corest the top ethical prints	pro(e) that approx, up to a maximum or or
	1. Beneficence	
	2. Non-maleficence	☐ 6. Veracity
	3. Autonomy, Confidentiality	7. Fidelity

3. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. (average word guideline—500)

If my employer were seeking to hire an OTA for ESY, I would inform my employer that OTAs require supervision by OTs. Moreover, an OTA would not be equipped to step into a new situation particularly with students who are unfamiliar to them and without close OT supervision. I would then describe how the standards of practice differ among OTAs and OTs. Drawing upon my state practice act, I might say something like this:

Occupational therapists are licensed to practice occupational therapy, whereas, occupational therapy assistants are licensed to assist in the practice of occupational therapy.

Again, I would reiterate that an OTA requires supervision from a licensed OT. In addition, I would inform my employer that I could do the background work and gather the necessary documentation to help my employer make an informed decision central to OTA supervision.

The background work would involve reviewing my state guidelines for occupational therapy services in the school setting. I would print a copy of the following statement from these guidelines:

Occupational therapy assistants must receive supervision by a registered, licensed occupational therapist responsible for assessments, as well as goals and objectives. Supervision should be provided by a therapist with more than three years experience in school settings. (State, XXXX)

Additionally, I would print out the statement that OTAs at all levels are required to receive at least general supervision by an OT (i.e., direct contact at least monthly with supervision available via others methods as needed).

Continuing my work, I would check AOTA's resources. There I would confirm once again that OTAs must receive supervision from OTs to deliver occupational therapy services. Supervision could occur through a variety of methods—direct face-to-face and indirect contact.

Considering that ESY would be a new employment situation for the OTA, with students, staff, programs, and a supervisory relationship that was unfamiliar, a higher intensity of supervision would be justified—particularly in the initial weeks of ESY. This supervision model aligns with the description of close supervision where the OT and OTA have daily, direct contact at the worksite. After a few weeks into the ESY program, routine supervision might suffice dependent on the supervisory need of the OTA. Routine supervision would require direct contact (at least every two weeks at the worksite) and indirect contact occurring through phone or e-mail communications.

Documenting these findings, I would present this information and my rationale to my employer for either hiring an OT to provide ESY services or an OTA along with an experienced OT to provide close supervision.

The above actions address the following ethical principles being challenged:

- Beneficence to help ensure that an appropriate plan of intervention is being provided through supervision
- Social justice to ensure the common good for students who are to receive occupational therapy services
- Procedural justice with the provision of appropriate supervision in accordance with state quidelines