

Debunking Eight SISP Myths

Misconceptions can be as real a barrier as the law when it comes to the ability and opportunity for OT practitioners to provide occupational therapy services. Below are eight of the most common misconceptions, or myths, about what school-based occupational therapy practitioner may and may not do in the schools.

Myth #1: OTP May Only Provide Services to Students with an IEP

- **Myth #1 Funding OT Services:** *The Individuals with Disabilities Education Improvement (IDEA) Act only funds occupational therapy services when students are eligible on an IEP.*
- **Reality:** Under IDEA statute, a local education agency (LEA) may use up to 15% of their IDEA Part B funds on early intervening services (EIS) for general education students K-12 “who have not yet been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment”. OT assessments and services are permitted as early intervening services to support at-risk general education students.
- References:
 - IDEA Statute: [20 U.S.C. §1413\(f\): Early intervening services](#)
 - “A local educational agency may not use more than 15 percent of the amount such agency receives under this subchapter for any fiscal year...in combination with other amounts (which may include amounts other than education funds), to develop and implement **coordinated, early intervening services**, which may include interagency financing structures, for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade 3) **who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment.**”
 - [IDEA Regulations - Early Intervening Services](#)
 - Resource: [CRS overview of IDEA Part B](#)

Myth #2: Only Special Education Students May Receive OT Services

- **Myth #2. Services for SE only:** *OTPs may only provide services to students with an individualized education program (IEP).*
- **Reality:** IDEA allows for “incidental benefit” to children in general education (e.g., co-instruction by teacher and OT to group or whole class), as well as early intervening services provided to children at-risk for academic and behavioral challenges and multi-tiered systems of support (MTSS) with general education students (e.g., universal

screening, training, providing interventions). OTPs can also provide services to a student with 504 plans.

- References:
 - IDEA Statute: [20 U.S.C. §1413\(a\)\(4\)](#): Permissive use of funds
 - (i) Services and aids that also benefit nondisabled children
For the costs of special education and related services, and supplementary aids and services, **provided in a regular class** or other education-related setting to a child with a disability in accordance with the IEP of the child, **even if one or more nondisabled children benefit from these services.**
 - [IDEA Regulations – Permissive Use of Funds](#)

Myth #3: OTP May Only Evaluate Specific Area of Concern

- **Myth #3. OT Areas of Evaluation:** *Under IDEA, OT may only evaluate the area of concern for which the student was referred (e.g., handwriting, self-help).*
- **Reality:** A comprehensive occupational therapy evaluation of student’s occupations (e.g., activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation) as well as supports and challenges within the context must be completed before occupational therapy services are determined and initiated. The results are used to inform the educational team about the student’s strengths, needs, and barriers regarding access and participation in their educational program and need for occupational therapy services.
- References:
 - IDEA Statute: [20 U.S.C. §1414\(d\)\(3\)\(A\)](#): Evaluations, parental consent, and reevaluations
 - ***Each local educational agency shall ensure that—***
 (A) assessments and other evaluation materials used to assess a child under this section—
 (iii) are used for purposes for which the assessments or measures are valid and reliable;
 (iv) are administered by trained and knowledgeable personnel; and
 (v) are administered in accordance with any instructions provided by the producer of such assessments
 - [IDEA Regulations - Evaluation Procedures](#)
 - [Q&A on IEP, Evaluations, and Reevaluations – Department of Education – 07/2011](#)

Myth #4: OTP May Only Provide Educationally Relevant Services

- **Myth # 4. Educationally relevant services:** *OTPs can only provide IEP services that are considered to be educationally relevant to a student in special education.*
- **Reality:** Each IEP team determines a student’s IEP goals (based on the student’s strengths and needs) and identifies services that are educationally necessary for the student to make progress. When OT is considered “educationally relevant”, OTPs may

provide services to support the student’s academic skills (e.g., handwriting, keyboarding adaptations), functional performance (e.g., self-regulating to attend, participating in school lunch, interacting with others appropriately during recess), and social-emotional and mental health needs (see Myth #5). Services may be provided to the child or on behalf of the child and may include program modifications and supports for school staff.

- References:
 - IDEA Statute: [20 U.S.C. §1414\(d\)\(1\)\(A\): Individualized education program](#) (I) a statement of the child’s present levels of academic achievement and functional performance
 - [IDEA Regulations - Definition of Individualized Education Program](#)

Myth #5: OTP Can't Provide Mental Health Support

- **Myth #5. Providing mental health services:** *OTPs may only provide mental health (MH) services to students in states where they are qualified mental health professionals.*
- **Reality:** School-based OTPs have the knowledge and skills to address the MH needs of students. Services may include direct and indirect options, such as teaching coping and self-regulation skills, assisting in relaxation strategies, mental health literacy and promotion, prosocial skills, evaluation of the child’s social participation, collaboration with other school MH providers to coordinate care, reduce student anxiety through modification and enhancement of school routines; and lead an occupation-based small group program for student’s struggling with mental health concerns. Medicaid reimbursement for MH is determined by each state.
- References:
 - From the [Occupational Therapy Practice Framework: Domain and Process \(4th ed.; AOTA, 2020\)](#) – Definition of Rehabilitation: “Interventions are designed to enable the achievement and maintenance of optimal physical, sensory, intellectual, psychological, and social functional levels.”

Myth #6: OTP Can't Work With Students on Transitions Until They Are 16

- **Myth #6. Transition:** *OTPs can only start working on student transitions when the student is 16 years old*
- **Reality:** While the IDEA mandates transition services for a student with an IEP must begin no later than 16 years of age, they may be provided earlier. . However, OTP can provide earlier support to students through peer-focused strategies for social skills training, teaching independent living skills, and advocating for student IEP goals that will aid in transition to independent living and, when appropriate, postsecondary education, community participation, or vocational activities.
- References:
 - IDEA Statute: [20 U.S.C. §1414\(d\)\(1\)\(A\): Individualized education program](#) (VIII) beginning not later than the first IEP to be in effect when the child is 16,
 - [IDEA Regulations - Definition of Individualized Education Program](#)

- **Transition services.** Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually, thereafter, the IEP must include—
 - (1) Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
 - (2) The transition services (including courses of study) needed to assist the child in reaching those goals.

Myth #7: OTP Can't Be School Leaders

- **Myth #7. School Leaders:** *OTPs can't be school leaders.*
- **Reality:** Some states recognize that OTs have the knowledge, performance skills, and interpersonal abilities for management and administrative roles in educational settings, while other states have barriers to prevent OT from advancing or require advanced academic degrees. In states without a leadership path, OTPs in the school or district have other opportunities for leadership such as serving on school or district-wide committees, such as curriculum or health and wellness committees; teaching classes or in-service trainings on 504 accommodations, social-emotional learning, fine motor development and literacy; or leading a committee on playground inclusivity for students with disabilities.
- References:
 - AOTA Resource – [Path to leadership for the school-based practitioner](#)

Myth #8: There's No Difference Between OT and PT Services

- **Myth #8. OT or PT?:** *OT and PT services are interchangeable.*
- **Reality:** Both of these professions address motor concerns, but occupational therapy focuses on the health and participation of the person in their occupations or daily living activities (e.g., dressing, eating, social interactions, play, school, work, sleep). Under state professional licensure laws, it is illegal for a person to practice in a profession without a license in that profession. A student can receive both OT and PT services if they are educationally relevant, as determined by the IEP team (which includes the student's family).
- References:
 - AOTA Resource – [OT Scope of Practice](#)
 - AOTA Resource – [Licensure](#)
 - AOTA Resource – [Scope of Practice By State](#)