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

**Criterion 2: Knowledge: Evaluation**
- Expert Witness
- Formal Learning– Minimum 10 contact hours needed
- Independent Learning–Minimum 10 contact hours needed
- Publication – Peer-Reviewed

**Criterion 3: Knowledge: Intervention**
- Expert Witness
- Formal Learning–Minimum 10 contact hours needed
- Independent Learning–Minimum 10 contact hours needed
- Publication – Peer-Reviewed

**Criterion 4: Knowledge: Regulation & Payers**
- Expert Witness
- Formal Learning–Minimum 3 contact hours needed
- Independent Learning–Minimum 3 contact hours needed
- Publication – Peer-Reviewed

**Criterion 5: Evaluation: Performance Skills**
- Client-Based Case Study
- Mentee (does not include supervisory relationship)
- Self-Analysis of Video Recording

**Criterion 6: Evaluation: Critical Reasoning**
- [Critical Reasoning Scenarios](#) (2)
- List of Assessments for CR Scenarios
- Formal Specialized Consultation for Evaluation
- Program Development
- Research

**Criterion 7: Intervention: Performance Skills**
- Client-Based Case Study
- [Mentee](#) (does not include supervisory relationship)
- [Self-Analysis of Video Recording](#)

**Criterion 8: Intervention: Critical Reasoning**
- Client-Based Case Study
- Formal Specialized Consultation for Intervention
- Mentee (does not include supervisory relationship)
- [Program Development](#)
- Research

**Criterion 9: Psychosocial Critical Reasoning**
- Client-Based Case Study
- Formal Specialized Consultation for Psychosocial
- Mentee (does not include supervisory relationship)
- Program Development
- Research

**Criterion 10: Ethical Practice**
- The 3 ethical practice scenarios are found within the application itself.

**Criterion 11: Establishes Networks**
- Formal Specialized Consultation
- Marketing Activities
- Presentation
- Volunteer Leadership

**Criterion 12: Advocating for Change**
- Advocacy Efforts
- Advocacy Case Study
- Presentation
- Public Awareness Efforts
- Volunteer Leadership
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. (XXXX). Historical influences on language used in school system practice. In-press publication. [For this example, a verification is not included but should accompany an actual in-press citation being submitted.]

2. 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)*

   N/A – Sole 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 I 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 professional background in health sciences enables me to understand medical terminology and diagnostic considerations (e.g., visual skills, physical endurance, or precautions). My knowledge in school system practice also enables me to place diagnostic considerations in perspective, in other words, how a medical diagnosis can 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 or not 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 am a member of the evaluation team and contribute data. The primary and secondary factors that I consider include the child’s occupational profile, the curriculum expectations, and the environmental demands. I relay this information using terminology that has shared meaning among team members and that 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.
Criterion 3—Knowledge: Intervention

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

Guidelines

- Serving as an expert witness in a civil or criminal legal case court or in arbitration.
- Providing expert testimony in official hearings at the local, state, or national level.

1. Describe the expertise which you were able to share relevant to school systems. (average word guideline–200)

   During a fair hearing, I testified on behalf of a school district where occupational therapy services had not been recommended to the team based on evaluation findings. The parent involved in this case requested that another OT evaluation be administered to their child at the cost of the school district. As an expert witness, I explained that the occupational therapy evaluation performed by the school district was adequate. The evaluation included more than one assessment tool to determine present levels of performance and to make recommendations to the IEP team. The evaluation consisted of a review of educational records, a review of previous assessment data, teacher and parent interviews, clinical observations, school setting observations, and standardized assessment tools. The tools selected were appropriate based on the child’s age, purpose for measuring targeted skills, and identifying the impact of those skills on the child’s penmanship difficulty. The “XYZ assessment” was administered to determine the child’s visual perceptual skills and visual motor skills as they related to the child’s underlying difficulty with penmanship. The “123 Scale” was used to measure the child’s performance and participation in motor tasks commonly associated with school activities. The tests were scored accurately and the results were interpreted correctly.

2. 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)

   In preparation for testifying, I researched current federal laws (i.e., IDEA), state laws, and regulations specific to evaluation procedure requirements in school settings. The experience of testifying during a formal fair hearing increased my awareness of my specialized knowledge in school system practice and how I can articulate the purpose of occupational therapy within school settings. It also added to my confidence level for providing input during IEP meetings, responding to parent’s questions, and examining evaluation reports and documents prepared by school system practitioners. It gave me the opportunity to improve the reputation of OT with school district administration.

   Since this experience, I have been asked by school administration to provide input on similar cases to help resolve disagreements during mediation and reduce the need for a fair hearing.

3. Submit verification of activity as a separate attachment. May include any 1 of the following:
   - Transcript of the testimony.
   - Notice of deposition.
   - Letter from the attorney.

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

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.

Please 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 Tool Kit (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.

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)

   The presentation was titled “Collaboration and School-Based Practice”. The goal was to promote the use of inclusive, collaborative, and student-centered school system services. In preparation for the presentation, I accessed a variety of relevant books and articles on school system practice, frequently integrating new ideas and insights into my own practice. I included narratives from my own practice, to provide a lead-by-example approach for 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 collaboration and school-based practice, I acquired new ideas specific to intervention and carried them into my practice. 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 independent learning in preparation for this presentation increased my knowledge and ability to provide inclusive, collaborative, and student-centered school system services.

   The presentation influenced my practice as well. I often provided intervention at the individual student level, with some intervention at the classroom or school level. In the presentation, I discussed occupational therapy services in a much broader sense. For example, during the workshop, I advocated for the use of system supports as a method of intervention at the population level. The example I gave from my own practice was my 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 joined the Positive Behavioral Interventions and Supports (PBIS) committee at one elementary school and I advocated for accessible water fountains in a middle school.
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 identify the type of activity in which you participated:

- [ ] 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. Submission of additional documentation beyond this form not required.
- [X] Non-AOTA CE: Attending workshops, seminars, lectures, or professional conferences with formal established objectives.
- [ ] Participation in post-professional academic coursework. Attach unofficial transcript.

1. Activity information.

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


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)
3. Describe the relevance of the activity to your practice in school systems. *(average word guideline–200)*

This course distinguished occupational therapy services in school systems versus other systems. It provided practical information about educational law and providing services in schools.

4. Describe how the knowledge acquired from this activity “demonstrates knowledge of laws and regulations relevant to school systems, including payer sources.” How did the activity influence the way you practice, or how did it affect your client outcomes? *(average word guideline–200)*

The knowledge that I gained from this course caused me to reexamine my documentation, the assessment tools that I use, and how I communicate my role in the school setting. I became more deliberate in aligning my practice with educational law, primarily with the Individuals with Disabilities Education Act (IDEA, 2004). I revamped my paperwork templates (e.g., screenings, evaluations, and annual reviews) to include headings and descriptors that better align with IDEA. For example, I adjusted a heading titled “Summary” to read as “Learning and Participation Implications” and the title “Assessments” was replaced with “Sources of Information”. I have begun to use top down assessments when I evaluate students and have found these to be more meaningful in gathering information and making practical recommendations. My recommendations to the educational team now include accommodations to consider so that the student can benefit from their educational program in the least restrictive manner. Additionally, I consider whether modifications might be necessary so that the student can participate in or perform parts of a learning activity. At Individualized Education Program (IEP) meetings, I am more confident in describing my role in the school setting and distinguishing my role from a practitioner in a clinical setting or in Birth to Three. I have begun discussions with my supervisor to explore ways to increase my involvement in response to intervention, general education, and program level services.

5. **Submit** documentation that verifies completion of the activity, such as certificate of completion or unofficial transcript. *Not required for AOTA courses.*

*For this example, a verification is not included but should accompany this activity if submitted.*
CRITICAL REASONING SCENARIOS
Back to Criteria

Criterion 6—Evaluation: Critical Reasoning

Synthesizes and interprets assessment data and clinical observations related to the client, context, and performance in school systems.

Guidelines

- Applicant chooses 2 assessments and completes this 2-part form relative to the application of each assessment tool with a client. Selected tools can either have been used with the same client or different clients.
- Assessment tools may be identified from the list, or applicants may submit an assessment that is not listed.
- For each assessment, answer the following questions by reflecting upon a case from your practice. You may choose to use different cases for each assessment tool.

Part I

ASSESSMENT 1 (Part 1 of 2)

1. Name of assessment.

School Motor Proficiency Assessment, 4th Edition (SMPA) [Not a real assessment – for example purposes only]

2. Describe the client, client factors, and case contexts that contributed to your selection of the assessment for the identified case.

This student attends 9th grade at a charter high school for students with an aptitude in science. The charter is part of a large, metropolitan district. He is a 16 year old male with medical diagnoses of Pervasive Developmental Disorder and Attention Deficit Hyperactivity Disorder. He has a history of visual-processing difficulties, decreased auditory memory, and fine motor skill deficits. An evaluation of his speech-language abilities identified average language skills in most areas. The student had an IEP that outlined an accommodation of having the student type writing assignments. This accommodation was put in place due to the student’s decreased speed and poor legibility when writing by hand. Despite the IEP accommodation and laptop access, the student handwrites the majority of his assignments. Teachers report that the student produces work that is illegible, rushed, incomplete, and/or missing capitalizations and punctuation. The student has never had an occupational therapy evaluation. Based on the list of referring concerns, I selected the SMPA to evaluate the student’s fine motor coordination, dexterity, and eye-hand coordination, and to determine whether fine motor skill deficits were one factor affecting his classroom performance.

3. What considerations regarding reliability, validity, relevance, and currency did you consider when selecting this assessment?

The SMPA is standardized for individuals from 4-18 years of age and evaluates both gross and fine motor skills. The diversity of the test battery enabled me to use one instrument to assess several performance component areas suspected to be contributory factors impeding the student’s educational performance. The specific subtests I selected were fine motor precision, fine motor integration, manual dexterity, and upper limb coordination. This standardized instrument is commonly utilized by OT’s and has established norms, reliability and validity.

4. Describe the assessment results, including those gathered through clinical observation, and what these results told you about the client’s occupational performance.
The student presented with suspected hand muscle weakness which could impact his occupational performance including the following school-specific skills: handwriting legibility (particularly if the volume of written work is large or an assignment is lengthy), work speed, motor control (e.g., placing letters on the line), and spacing errors. Other assessments substantiated the SMPA findings and helped explain the student’s decreased work speed, tendency to have floating letters and spacing errors in his writing, poor legibility of his written work, and challenges with completing assignments in a timely manner.

5. Describe how and why you integrated these results into the client’s intervention plan.

I integrated the evaluation results to determine the influence of the student’s skills on his learning and participation, as well as provide recommendations for the least restrictive form of intervention. To address the student’s hand muscle weakness, the school agreed to provide him with a hand strengthening kit designed by the OT. The IEP team agreed that the student would arrive at school 15 minutes early and participate in any hand strengthening activities of his choice from the provided list. A teacher agreed to supervise the program and assist the student with recording a daily log that the therapist would review weekly. The OT gave the student’s family a home program.

The OT recommended practical accommodations and the IEP team agreed with the suggestions, which included (a) use of a mechanical pencil with a cushioned grip, (b) access to a computer for writing assignments, (c) provide extra time to complete written work, and (d) have the student use the spelling and grammar check programs on his laptop.

Part II

ASSESSMENT 2 (Part 2 of 2)


School Visual Perceptual Assessment, 3rd Edition (SVPA) [Not a real assessment – for example purposes only]

7. Describe the client, client factors, and case contexts that contributed to your selection of the assessment for the identified case.

On the list of referring concerns, his educational team described the student as exhibiting poor accuracy when copying from the white board, inconsistent spacing when writing, and occasionally skipping items when reading or completing worksheets. I elected to administer the SVPA to help determine if the student’s errors could be linked to visual perceptual deficits.

8. What considerations regarding reliability, validity, relevance, and currency did you consider when selecting this assessment?

I chose to assess the student’s visual perceptual abilities based on the referring concerns, classroom observation, and the parents’ report of similar concerns at home. The SVPA enables an examiner to assess 7 different visual perceptual areas, providing a comprehensive overview of the student’s visual perceptual abilities. I selected this test because it is familiar to many educational personnel, has established norms for older children, and has a broad scope. Since the SVPA is non-motor, I was able to assess the student’s visual perceptual skills in an isolated context to assist me with determining whether or not visual perceptual skills were one component affecting the student’s academic performance.

9. Describe the assessment results, including those gathered through clinical observation, and what these results told you about the client’s occupational performance.

Based on the standard score results of the SVPA, the student presented with decreased visual discrimination, low average visual memory, and poor visual form constancy. All other areas were within the average range and his visual figure-ground was well above average (standard score 14). These scores helped explain some of the challenges the student was experiencing with recognizing errors that required correction in his writing, remembering and transferring visual information from the white board to his paper, and being able to judge size, height, width, and distance in his writing of letters and words.
10. Describe how **and** why you integrated these results into the client’s intervention plan.

<table>
<thead>
<tr>
<th>The evaluation results helped determine the student’s needs and guided the team in making a decision to institute an intervention plan that did not disrupt the student’s instructional time. I gave the student a program to perform independently at home. His mother agreed to supervise to ensure the student performed activities from the list at least 3 times per week for 15 minutes. The school agreed to purchase 2 visual perceptual software programs to help remediate the student’s visual perceptual deficits. The IEP team agreed that the student could work on these programs during his study skills class on a daily basis. The software programs have logs that track the student’s performance, and the IEP team agreed that as the OT, I would review these monthly. The IEP team also agreed to preferential seating, placing the student close to the screen when copying material from the white board.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I based these recommendations on the premise that the student would benefit from daily practice of short duration to prevent both hand fatigue and eye strain and to increase the probability of his compliance with the program. I selected accommodations and equipment that would blend into the classroom environment, as the student was acutely aware of his diagnosis of PDD and stated he would not use anything that made the other kids “think I’m weird.” Acting on my suggestion, the study skills teacher paired this student with another student during study skills group to prevent him from feeling isolated from his peers.</strong></td>
</tr>
</tbody>
</table>

MENTORING RELATIONSHIP—MENTEE

Criterion 7—Intervention: Performance Skills

Performs interventions that are unique to school systems while integrating impact of varying client factors and contexts.

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 relationship
   June 23, XXXX to Dec. 30, XXXX

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

3. Applicant’s goals for mentoring relationship. **Goals must have been met by time of application. List no more than 3.**
   A) Learned and modeled the role of the OT in low vision rehabilitation with brain injury.
   B) Learned how to plan and implement OT interventions for clients with vision impairment from acquired brain injury and neurological diseases.
   C)

4. Mentor | Mary Smith, OT
Position/Role of Mentor | Occupational Therapist - New Graduate
Workplace of Mentor | New Rehab Hospital
Contact Information for Mentor (email or phone number) | mot@newrehabhospital.org
5. State why the mentor was selected to help you meet the goals identified above relative to the criterion. (average word guideline–50)

I selected this mentor because she practiced for 30 years as an OT, working primarily with people with brain injury vision impairments. She received a Graduate Certificate in Low Vision Rehabilitation from UAB, where she had formal education in evaluation and intervention for vision impairment from brain injuries. She was also responsible for supervising and mentoring new staff and field work students in vision rehabilitation.

6. Briefly describe how the knowledge acquired from this mentoring activity influenced your service delivery with clients, specific to your ability to “perform interventions that are unique to school systems while integrating impact of varying client factors and contexts.” (average word guideline–200)

I received a reading list for self-study that focused on brain injury vision impairments; screening assessments, and interventions. I spent 3 weeks shadowing my mentor, who provided interventions in the clinic and at home. I began to assume intervention responsibility for clients admitted to the program, until I reached a caseload of 6 per day. I met formally with my mentor once a week and informally, as needed each day, to share ideas and feedback. In our meetings, we discussed the impact of client factors associated with brain injuries, including changes in cognition, motor function, emotional regulation and how these factors interacted with vision impairment in the ADL context. I prepared written intervention plans for each client. My mentor asked questions and provided options to consider to ensure that I was addressing client issues.

Intervention approaches that I learned included modifying the environment, tasks to reduce visual stress by increasing contrast, using the best light source, reducing pattern, reducing visual steps, and structuring tasks. I learned to implement visual scanning training for clients with hemianopsia and neglect, and implement reading strategies for clients with hemianopsia. I also learned to apply partial occlusion for clients with double vision from oculomotor impairment, and how to consult with ophthalmologists and optometrists concerning brain injury vision issues.
SELF-ANALYSIS OF VIDEO RECORDING

Back to Criteria

Criterion 7—Intervention: Performance Skills

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.

<table>
<thead>
<tr>
<th>Age of Client</th>
<th>Classroom of 12-14 year old middle school students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Diagnosis(es)</td>
<td>Special education students with varying disabilities</td>
</tr>
<tr>
<td>Setting for Intervention</td>
<td>Classroom</td>
</tr>
<tr>
<td>Date of Video Recording</td>
<td>October 4, 20XX</td>
</tr>
</tbody>
</table>

1. Provide a brief summary of the video contents and how it demonstrates your ability to "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, 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 use it for interacting with people, objects, and the environment). To focus on the internal balance of this concept, we focused 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.

2. 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 evaluation. (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 if 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 into 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 quite effective in other instances as well (e.g., teacher consultations, parent meetings, and trainings).
Criterion 8—Intervention: Critical Reasoning

Selects, plans, and modifies interventions in school systems based on evidence and evaluation 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 "select, plan, and modify interventions in school systems based on evidence and evaluation data." (*average word guideline–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.
CLIENT-BASED CASE STUDY

Back to Criteria

**Criterion 9—Psychosocial**

Recognizes immediate and long-term implications of psychosocial issues related to conditions found in clients in school systems and modifies therapeutic approach and occupational therapy service delivery accordingly.

**Guidelines**

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

1. **Date(s) case study represents**
   
   April 1-15, 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)*

   The client was a 9th grade student who enrolled in a technical high school instead of the public high school system. He had a diagnosis of Duchene Muscular Dystrophy and used a power wheelchair. His academic skills were on grade level, and Section 504 accommodations were in place to ensure he had access to his education (e.g., special transportation, a paraprofessional to assist with personal needs, a second set of books, electronic assignments, scheduled rest periods during his school day, and emergency evacuation plans).

   The student completed the initial phases of the 9th grade exploratory program at the technical high school and began his studies in the Computer Aided Design and Drafting (CADD) trade. The Section 504 team wanted to ensure that the student had full access to the CADD curriculum, and referred the student for an occupational therapy evaluation. The purposes of the referral were to identify the student’s present level of performance within his educational program and to determine what strategies or supports the student might need to access the CADD curriculum.

   As part of the evaluation, I gathered information through formal observations, educational staff consultations, student interview, educational file review, and CADD curriculum review. During the evaluation, the student was able to physically participate in or contribute to all classroom assignments. He understood the content of the curriculum and was on par with class assignments. The student’s learning and participation challenges centered on his struggle with group skills and awareness of his role and responsibility for the group’s success. During the interview, the student expressed frustration with group activities. Upon further questioning, he was not able to recognize any changes that he might need to make to improve his success in group activities. The student struggled with role responsibilities. He did not understand how to be a teammate, a co-worker, or an employee in training. He rolled his eyes at teachers, talked over adults, and rudely interjected comments toward staff and students. He did not seem to understand team decision-making in which he could offer his opinion but the team might decide to go in another direction for the project. His challenges with communication and group interaction could affect his working relationships and futureemployability.
From a professional development perspective, this case reinforced for me the importance of gathering information from multiple sources and considering the student’s occupational performance from different vantage points (i.e., present day and future implications). This case reinforced the value of taking into account the psychosocial aspects of the student’s performance in relation to the CADD trade and instructional program at the school. By reviewing the curriculum, I was able to understand the continuum of task demands, including group work, required of the student. Through structured interviews and observations, I was able to measure the student’s performance and recognize the challenges that the student might face. I was able to provide the team with unique insight into the student’s occupational performance and future considerations. This allowed the team to strategize next steps and determine the best way to support the student. If I had evaluated the student with an isolated focus on his physical skill set, I would have missed the psychosocial aspects that emerged as concern areas.
RESEARCH
Back to Criteria

Criterion 9—Psychosocial
Recognizes immediate and long-term implications of psychosocial issues related to conditions found in clients in school systems and modifies therapeutic approach and occupational therapy service delivery accordingly.

What type of research was conducted? Please choose 1.

☐ Scientific inquiry—Qualitative, quantitative, or mixed-methods approach.

☐ Methodological research/instrument development—Scientific inquiry to establish psychometric properties of (1) a new tool, (2) an existing tool with a new population, or (3) an existing tool translated to a new language.

X Systematic review of the literature—Comprehensive search, review, and analysis of the existing literature to answer a focused question.

1. Title of research conducted
Teacher mindset and its effect on perception of student effort: A research proposal

2. Mechanism of dissemination:

☐ Publication

☐ Evidence-Based Practice

X Peer-reviewed presentation

☐ Project Web site

☐ Grant funding

☐ Dissertation/thesis

☐ Critically Appraised Topic (CAT, e.g., AOTA)

Citation:

3. Role of applicant in the research. (average word guideline—25)
was a member of the research team that reviewed the literature and drafted the proposal and co-presented the proposal for peer-reviewed 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 "recognize immediate and long-term implications of psychosocial issues related to conditions found in 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.
Criterion 11—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, consultation objectives centered on educating those on the playground committee on the different elements of play for preschoolers.
   B) At the next stage of planning, consultation shifted to how to set up environments that encourage play, exploration, and learning.
   C) Lastly, 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 they would serve as a funding source, provided a viable plan could be developed. I was asked to serve as a consultant to share my expertise on play, provide advice on setting up play environments, and relay strategies for addressing a broad range of needs (e.g., 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 in mind, 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 understood 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 (e.g., 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 establish new spaces and 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 consultation, I discovered that I needed to build a trusting relationship with playground committee members in order to have them consider me as a resource. To build this relationship, I listened to the committee as they described their ideal playground. Since their focus leaned toward play skills, I delved into the occupational therapy literature specific to the psychosocial aspects of play. I provided the committee with information and frameworks to structure and align their thinking as they moved forward.

The frameworks that I 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. I took all of the information, condensed it, and put together a one-page handout to guide committee discussions. The handout, with a simplified diagram of three overlapping circles, helped me 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 different aspects of play.

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

Criterion 11—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.

Type of media used for marketing: (check all that apply)

☐ Presentation to potential referral source audience
☐ Presentation to potential clients
☐ Participation in community event such as health fairs
☐ Speaking to community groups
X Development and dissemination of marketing materials (e.g., brochures, Web sites, podcasts)
☐ Participation in media interview (e.g., television news, newspaper)
☐ Other

1. Target Audience of Marketing | Local Education Agencies and Private Schools
Date(s) of Marketing Efforts | 05/01/20XX-05/01/20XX
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 marketing activity. (average word guideline–50)

Working for a pediatric practice, I created materials to send to current and prospective markets. Letters and a brochure were mailed to local education agencies and private schools and information sheets were posted on our website. A questionnaire was designed to capture market feedback for the purpose of shaping future services.

3. Applicant’s objectives for the marketing. List no more than 3.

A) A market feedback analysis was developed and distributed to our referral sources and stakeholders for the purpose of understanding whether or not our services were meeting the needs of clients, and contributed to student success.

B) To capture prospective referral sources, I created and distributed a brochure, along with information sheets describing our school system level of expertise and commitment, workshop and training topics, service delivery models, and occupational therapy under different educational mandates (e.g., IDEA, NCLB, and Section 504).

C)
4. Describe how this marketing activity demonstrates how you “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–200)
**ADVOCA C EFFORTS**  
*Back to Criteria*

**Criterion 12— 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 of advocacy materials (e.g., letters, brochures, Web sites, podcasts)
- [x] Lobbying to/education for policy-makers
- [ ] Organizer of community event (e.g., fundraising, health fair)
- [ ] Subject expert in media interview (e.g., radio, television news, newspaper)
- [ ] Presentation to stakeholder
- [ ] Other

---

<table>
<thead>
<tr>
<th>Description of Activity</th>
<th>Target Audience</th>
<th>Date(s)</th>
<th>No. of Hours Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sought OT rule change for the definition of the term screening.</td>
<td>State OT licensing board</td>
<td>November 20XX through February 20XX</td>
<td>12 hours</td>
</tr>
</tbody>
</table>

---

2. **Applicant’s objectives for advocating for change. List no more than 3.**

A) To advocate for a change in the State OT Rules pertaining to how the term screening was defined.

B) To promote that the narrow definition of screening as a data gathering tool for determining the need for an occupational therapy evaluation be expanded to acknowledge that screenings can 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, broader definition allowing for OT 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 OT’s through screenings.

My involvement in this advocacy effort was a direct one. I presented my proposal, with rationale for the change to the licensing Board Rules committee. In their deliberations, the committee determined that the narrow definition of screening no longer served the profession, as opportunities for occupational therapists to participate in screenings for persons, organizations, and populations across practice settings exceeded the current definition. The recommendation for change was made by the committee to the full board, with my proposal and rationale being presented. I answered questions regarding potential clients, contextual factors contributing to the instructional and behavioral screenings, and why OT’s should participate in the screenings. After two readings, a new, broader definition was adopted.

By approaching this advocacy effort with a clear purpose, documenting my proposal and rationale, providing evidence and need for change, and answering board members’ questions, I was able to influence services for clients, not only in school system practice, but across other practice settings as well.
**ADOCACY CASE STUDY**

*Back to Criteria*

**Criterion 12— 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 that 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, 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, not only for the 9 year old student, but also for the other children. When I brought my concerns to the school administrator, I discovered that the administrator’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 have 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.
4. Describe the change outcomes or progress toward change as a result of your efforts. *(average word guideline–200)*

The change outcomes consisted of a ban on dodgeball during recess. Children were introduced to new games during their physical education classes and were encouraged to play and practice those activities during their recess time. The physical education teacher posted these activities on his webpage for teachers, parents, and students to access.

In speaking with the 4th grade student, he expressed excitement for the new activities. While observing him during recess, his involvement in activities was much broader, he remained in play throughout recess time, and he was less prone to injuries.

5. Articulate how this case demonstrates your ability to "influence services for clients (person, organization, population) in school systems through independent or collaborative education or advocacy activities." *(average word guideline–500)*

This advocacy activity resulted in a lot of discussion. I had to listen to all viewpoints and respect alternative opinions. At the same time, I knew that I needed to advocate for this 4th grade student and influence change. The way in which the game was being played during recess was not a healthy play activity for him. He was routinely targeted as the first person out, had red marks on his skin from the impact of the ball, and did not possess the response speed to get out of the way of the ball. As a result, his play time was limited and his perception of fun play seemed skewed.

After gathering information, I was able to make a case for promoting inclusive play activities that emphasized fitness and fun. I was able to rally the assistance of the physical education teacher, recess monitors, and the 4th grade student’s educational team. Together we were able to identify alternative dodgeball activities for all students and a method for rolling out a plan. This plan was proposed to the school administrator, along with supporting evidence on what other schools were doing.

The plan was adopted and action steps were put in place. During physical education classes, children were introduced to the activities. Dodgeballs were initially removed from the recess cart and a white board was adhered to the cart to post the titles of alternative activities. The children, including the 4th grade student, readily latched on to the new play activities.

By observing the 4th grade student in play, recognizing potential concerns, bringing those concerns to administration, rallying for support, gathering information, and making a case for change, services were influenced, not only for the 4th grade student, but for each child at the school.
PRESENTATION

Back to Criteria

Criterion 12—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.

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

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.
4. Describe how this presentation 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)

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.
Criterion 12— 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
- ☐ Participation in community event, such as health fairs
- ☐ Speaking to community groups
- ☒ Development and dissemination of marketing materials (e.g., brochures, Web sites, podcasts)
- ☐ Participation in media interview (e.g., television news, newspaper)
- ☐ Other

1. Target audience(s) of public awareness.

<table>
<thead>
<tr>
<th>Target Audience of Public Awareness Efforts</th>
<th>The target audience for this public awareness online video was teachers and parents of school-age children with or without special needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Public Awareness Activity</td>
<td>The video was developed in August 20XX and uploaded to YouTube on Sept. 3, 20XX. It is ongoing.</td>
</tr>
<tr>
<td>Approximate Total Hours Engaged in Public Awareness Activity(ies)</td>
<td>The video is 15 minutes in length and took approximately 10 hours to produce.</td>
</tr>
</tbody>
</table>

2. Brief Summary of the Public Awareness Message *(average word guideline–50)*

My focus with the video was to increase 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 12— 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.

1. Name of organization
   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.
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 AOTA Code of Ethics and Ethics Standards and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

<table>
<thead>
<tr>
<th>Scenario #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school district has identified students with IEPs who need OT as part of their extended school year (ESY) services. An OTA is offered a job over the summer to provide these services. The district does not plan to hire an OT. [For sample purposes only]</td>
</tr>
</tbody>
</table>

| Scenario #2 |

| Scenario #3 |

1. To which scenario are you responding? **Scenario #1**

2. From the AOTA Code of Ethics and Ethics Standards, 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.

- [X] 1. Beneficence
- [ ] 2. Non-maleficence
- [ ] 3. Autonomy, Confidentiality
- [X] 4. Social Justice
- [X] 5. Procedural Justice
- [ ] 6. Veracity
- [ ] 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 guidelines