

Understanding Occupational Therapy in the School Setting

A resource guide for parents and caregivers of children with Autism Spectrum Disorder who wish to better understand the Occupational Therapy (OT) role, and the OT assessments, goals, and terminology used in the IEP process.

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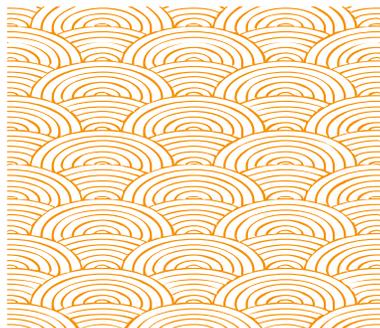
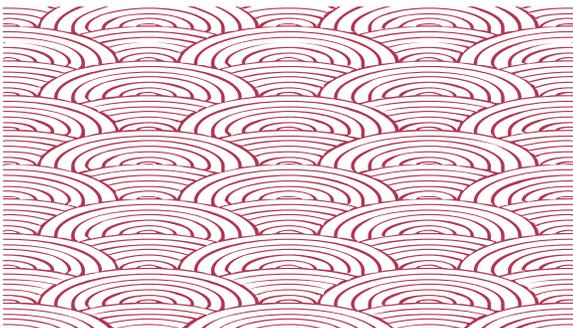
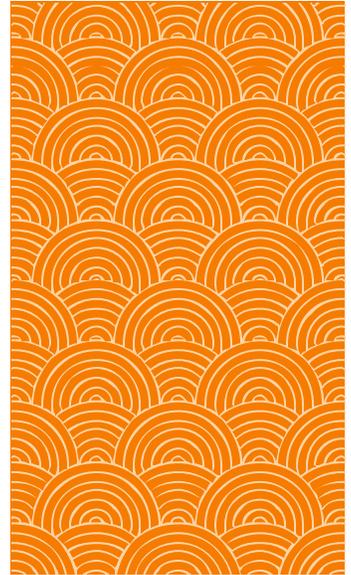


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Introduction to Occupational Therapy for Children with Autism in Schools

Autism spectrum disorder (ASD) is the most rapidly growing disorder which impacts brain development, within the United States (Autism Speaks, 2013). The increase in prevalence of ASD may lead to an increase in questions from parents regarding supports available for students with ASD in the school setting. This research guide attempts to address this need by providing research-based evidence of commonly used Occupational Therapy (OT) interventions and assessments in order to promote parent understanding and permit meaningful parent participation during the development of Individualized Education Plan (IEP) for their child.

What is Occupational Therapy?

Occupational therapy aims to assist people to live their life to the fullest by aiding them to participate in activities, or “occupations,” that are meaningful or important to them such as, participating in class, playing at recess and eating at lunchtime (American Occupational Therapy Association, 2014). Occupational therapists are skilled in helping people engage in these tasks and activities by modifying or adapting the particular aspects of an activity, or by improving skills of the person. These changes allow for the highest possible engagement for each individual in a given activity.



How Can an Occupational Therapist Help My Child at School?

In the school setting, the occupational therapist's main concern is the child's ability to engage in school-related activities including classroom activities, lunchtime, and recess (American Occupational Therapy Association, 2013). Occupational therapists often work with the caregivers and school staff in order to assist a child in many ways. These include:

- Improving academic skills needed to complete classroom tasks. Examples include: handwriting, attention span and organization.
- Addressing visual perceptual challenges that affect the student's ability to complete school related tasks.
- Addressing fine and gross motor skills needed during class time and recess.
- Improving independence with basic self-help skills that are performed at school.
- Addressing difficulty regulating any of the five senses to improve educational performance.

How Do I Know If My Child May Benefit From an Occupational Therapist?

Occupational therapists provide support and services in a wide array of areas that affect a child's behavior and performance in the classroom. The following are signs that may help you determine if an evaluation by an occupational therapist may be appropriate for your child:

- Your child has trouble with handwriting, drawing or fine motor tasks.
- Your child has difficulty sitting up for a long period of time while seated at their desk, or has trouble staying still during circle time.
- Your child doesn't play during recess time and rarely tries playground equipment.
- Your child has trouble taking care of basic needs at school, such as putting on shoes or coat, or going to the bathroom without help.
- Your child has trouble with changes in routine, has trouble adapting to routines at school and usually chooses the same games or activities.
- Your child becomes easily annoyed at loud noises, bright lights or touch from peers.
- Your child has difficulty staying on schedule or organizing homework assignments.
- Your child has trouble walking in line with class or frequently bumps into things, or trips.
- Your child's behavior interferes with school performance or is more challenging than other children their age

How Does My Child Receive Occupational Therapy Services?

Talk to you child's teacher

Depending on your child's needs, an occupational therapist may also be able to provide short-term support to a child with or without an IEP through a Response to Intervention and Instruction (RtI2). RtI2 is a three-tiered model of intervention that combines general education and special education supports to enhance student achievement.

Occupational therapists play a critical role in the RtI2 process. Within Tier One and Tier Two of the RtI2 model an occupational therapist may serve as a consultant and identify appropriate instructional or environmental supports based upon the student's identified need. When a child requires a Tier Three intervention they may work directly with an occupational therapist to support skill development in the identified areas of need. A lack of response to a tier Three intervention may initiate a referral to special education, as appropriate. Speak to your child's school district regarding the availability and appropriateness of this multi-tiered support system and what interventions might be available if the district is not currently operating a RtI2 model of intervention within the school setting.

Request an Occupational Therapy Evaluation

In order to qualify for occupational therapy services in the public school setting in California, your child must be first referred to special education. In schools, occupational therapy services must focus on helping the child participate in the school setting, which includes the classroom, cafeteria, and play area. In order to receive occupational therapy services in school, the IEP team determines if occupational therapy services will help your child achieve his or her annual goals. At this point, the occupational therapist completes an evaluation, which will help determine if your child qualifies for services. Your child's IEP team will review the results and determine what, if any, type of services will support your child best. For more information on receiving an OT evaluation visit: http://www.calstat.org/pdf/OTPT_Guidelines_Final.pdf

How Can an OT Work with My Child?

In schools, occupational therapy services are designed to address skill development to support a child's participation in the school setting, this includes your child's participation in the classroom, cafeteria and/or playground. Occupational therapy services may be delivered by working with your child directly or through consultation with your child's classroom teacher. Direct occupational therapy services may be delivered on an individual or in a group basis. Consultation occupational therapy services with the classroom teacher will include regular "check-ins" to ensure that your child's identified needs are being addressed in the classroom setting. The service

delivery model recommended for your child will be determined by the IEP goals that are driving the occupational therapy services. Some occupational therapy IEP goals may be best addressed through a consultation model and some IEP goals may be best addressed through direct or group intervention. The IEP team will determine what is best for your child after careful consideration and consultation with the occupational therapist.

Understanding Occupational Therapy Evaluation and Assessments

What is an evaluation?

An evaluation is the process used to determine if your child can benefit from occupational therapy services in the school setting. The evaluation process may include the use of observation, speaking with teachers and parents about the child, and completing assessments. Written parent consent is required prior to a school district conducting an occupational evaluation. The evaluation is designed to provide the occupational therapist a profile of your child's function and will work to support the IEP team with determining the area(s) occupational therapy services may be necessary to support your child's function in schools.

What is an assessment?

An assessment is a tool an occupational therapists uses to determine what skills a child currently has in a variety of domain. Occupational therapy assessments measure a child's skills in the following areas:

- fine and gross motor
- visual perception
- sensory processing
- handwriting
- school participation



What is a standardized assessment?

Standardized assessments follow a specific format and administration procedure. When using a standardized assessment the occupational therapist administers the assessment items the same way to each child in order to determine the child's skills compared to other children in their age group that were given the same assessment.

How can I help my child prepare for an Occupational Therapy assessment?

You do not need to prepare your child to participate in an occupational therapy assessment. However, you may want to ensure that your child feels comfortable with the occupational therapist that will be conducting the assessment. By talking to your child ahead of time, or meeting with the occupational therapist you may be able to ease any anxiety your child is facing. Also, inform your child that assessments are just to see how an occupational therapist can help them, not for the child to pass or fail.

What does my child do during an Occupational Therapy assessment?

There are many types of assessments that may be administered. Each assessment measures different skills, therefore depending on an individual child's needs different assessments may be used. The table "Commonly Used Occupational Therapy Assessment in a School Setting" on page 8 provides a basic summary of types of skills and tasks that your child may be asked to complete during an occupational therapy assessment.

How can I interpret the results of the assessment?

The results of each occupational therapy assessment may look a bit different depending on the assessment administered. The best way to understand the results of your child's assessment is to work with the occupational therapist that conducted the assessment and ask questions about information contained in the assessment that you do not understand. Helpful information concerning language typically found within assessment results can be found at:

<http://www.matrixparents.org/pdf/matrixpackets/Assessment.packet.2013.pdf>

How are the results of Occupational Therapy assessments used?

First, the assessment data is utilized in a variety of ways by the IEP team. First, assessment data is used to determine areas of strength and weaknesses for the student. Second, the results of an assessment are used to determine areas of need and what area(s) need to be addressed through the provision of OT services to enhance skill development. Lastly, assessment data is also used to establish a "baseline" or starting point for the development of IEP goals and the monitoring of progress once services have been delivered to address identified the area(s) of need.



Commonly Used Occupational Therapy Assessments in a School Setting

Type of Assessment	Specific Assessment Names	Specific Skills Examined	How is this Assessment Administered?
Motor Skills	<ul style="list-style-type: none"> Brunininks-Oseretsky Test of Motor Proficiency (BOT) Peabody Developmental Motor Scale 	<ul style="list-style-type: none"> Fine Motor Gross Motor 	These assessments ask the child to do a variety of fine and gross motor tasks, such as write and draw, handle small objects, balance and coordinate movements.
Visual Motor and Visual Perception	<ul style="list-style-type: none"> Beery Visual Motor Integration (VMI) Developmental Test of Visual Perception (DTVP) Test of Visual-Perceptual Skills (TVPS) Motor-Free Visual Perceptual Test (MVPT) 	<ul style="list-style-type: none"> Hand eye coordination Spatial relations Visual memory Visual discrimination 	These assessments look at visual motor and a visual perception skills by having the child look at figures and drawing and then asking questions about how they interpret what they see.
Sensory Processing	<ul style="list-style-type: none"> Sensory Profile Sensory Processing Measure (SPM) Clinical Observation of Sensory Integration 	<ul style="list-style-type: none"> Sensory awareness Under and Over responsiveness Body Awareness Balance and motion Planning and ideas Performance of sensory systems 	Questionnaires are given to several people in the child's life such as teachers and parents. The results provide a picture of how the child responds to or uses sensory information at home and/or at school.
Type of Assessment	Specific Assessment Names	Specific Skills Examined	How is this Assessment Administered?
Handwriting	<ul style="list-style-type: none"> Evaluation Tool of Children's Handwriting (ETCH) Print Tool Handwriting Without Tears (HWT) 	<ul style="list-style-type: none"> Letter formation and legibility Legibility Fine motor control 	These assessments have children perform different handwriting tasks in order to evaluate.
School Participation	<ul style="list-style-type: none"> School Functional Assessment 	<ul style="list-style-type: none"> Involvement and ability to perform in physical, cognitive, and behavioral tasks needed to succeed in the school environment. 	Teachers and school staff are asked to fill out a questionnaire about a child based on observations. The results are used to see areas that are limiting engagement in school and where changes or adaptations can be made.

Understanding Occupational Therapy Goals

The main goal of occupational therapy is to help your child succeed in school. It is not uncommon for occupational therapists to write goals about very specific activities that may seem unrelated to the challenges your child is having. In reality, the goal is related to the specific skill set that is needed for your child to reach his or her goal. The written goal is often used as a means to measure a skill. Occupational therapists are trained in breaking down the skills needed to complete a task, and therefore know which tasks can improve particular skill sets. Below are *examples* of OT goals that could be seen in an IEP along with an explanation of how the goal is related to the skills needed for improved school performance. There are four main areas occupational therapists address in the school setting, which are outlined below.

Classroom Participation	
<p>Many skills are required for effective classroom performance. Occupational therapists will help identify what skills your child needs to improve in order to help them succeed in the classroom. These skills include:</p> <ul style="list-style-type: none"> • Sitting in their seat and Posture • Fine Motor Skills • Attention • Handwriting 	
Example Annual Goal	Relation to School Performance
Student will maintain upright seated posture at desk for at least 5 minutes during teacher instruction without slouching or propping on elbows as measured by teacher observations.	An upright position makes it easier for the student to pay attention and stay alert during a classroom activity or lecture. In addition, posture is often addressed when improving the student's fine motor skills, such as writing.
Student will complete tasks (such as cut on line, trace, connect items, copy forms) with 70% accuracy in 4 of 5 work samples.	Tasks such as tracing, drawing, copying and visual – motor tracking are basic skills needed for handwriting
With no more than one verbal prompt, student will copy 3 sentences from the whiteboard at least 3 feet away with 100% accuracy 4/5 opportunities.	This goal addresses the areas of visual perception, fine motor, handwriting, attention span, and short term memory. All of which are skills needed for success in the classroom
Student will independently write three sentences with no letter reversals 3/3 trials.	This goal focuses on the skills of visual perception as it pertains to handwriting.

<p>Student will use a functional grasp to complete all writing and drawing tasks.</p>	<p>Many school projects require legible writing. A proper grasp encourages the most efficient way to hold a pen or pencil, which will make it easier for the student to focus on the content of his or her writing, rather than the mechanics.</p>
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Recess and Physical Education

There are many skills needed in order for your child to fully participate in recess. Recess and P.E. bring up a variety of issues for the child, some that cannot be seen in the classroom. When increased involvement in recess or physical education is needed, an occupational therapist will often look at skills including:

- Gross Motor Skills
- Bilateral Coordination
- Crossing the midline
- Social interactions
- Communication Skills

Example Goal	Relation to School Performance
<p>When given one verbal cue, student will catch a small ball when thrown 4 out of 5 times during a play activity.</p>	<p>Catching a ball involves dynamic balance, visual motor skills, motor planning, visual perception, bilateral coordination, and ability to attend to a task.</p>
<p>During group activities, student will engage in appropriate turn-taking by waiting while peers take their turn, and participating during own turn 4 out of 5 times.</p>	<p>In this case, the occupational therapist may be using games to enhance the student's social skills, which is a large part of school. Skills such as turn-taking can also help in other aspects of the student's daily life.</p>

Participation during Lunch Time

The cafeteria can be a hard place for many students due to loud noises, lots of children, and the need to serve and feed yourself. Occupational therapists can look at a variety of factors to ensure a child can get the most out of their lunch period. Some skills that may be addressed during lunch are:

- Sensory sensitivity to food or noises
- Ability to self-feed
- Ability to open lunch containers
- Postural control while eating

Example Goal	Relation to School Performance
While sitting with peers, student will identify two possible sensory-motor strategies to use to decrease anxiety during lunch time in the cafeteria.	The occupational therapist often works to find out which sensory strategies will help alert or calm the student, making it easier to attend to tasks during school time.
Student will demonstrate functional grasp and release of eating utensils (spoon and fork) during lunchtime meal.	This step is important in increasing independence during lunchtime. The fine motor skills needed to use utensils will transfer to other fine motor tasks needed in the classroom.



Additional School Needs

In the school, occupational therapists are limited in working with self-care skills that directly impact a child's education, therefore can only look at skills that may be needed during the school day such as, toileting, putting on shoes or coats. These skills can be impacted by:

- Fine Motor Control
- Ability to sequence or plan the activity
- Sensory issues

Example Goal	Relation to School Performance
The student will be able to don and doff outerwear (including hat, shoes, jacket, and backpack) before and after outdoor play time 100% of the time as measured by teacher observation.	Learning basic self-care skills will help the student become less dependent on school staff for personal care. Managing openers on backpacks and jackets will also help build fine motor skills.
Student will demonstrate independence with fasteners (Velcro, zipper, snap, and button) when manipulating clothing and backpack.	This skill is needed for independence with toileting, and will increase the student's ability to toilet without assistance during the school day. This skill will also help in managing outerwear such as a jacket and backpack.



OT Interventions for Children with ASD in School Settings:

Fine Motor Skills	
<p>Fine motor skills involve the coordination of the small movements the child uses in his or her hands, in order to complete a task. It is also referred to as dexterity. For example, picking up a puzzle piece and being able to turn it over in one hand.</p>	
Importance in a School Setting:	<p>A child needs fine motor skills in order to develop:</p> <ul style="list-style-type: none"> • Handwriting • Typing and mouse control on a computer • Turning pages in a book • Arts and crafts: drawing, coloring, cutting with scissors • Playing games
How will this skill transfer to everyday life?	<ul style="list-style-type: none"> • Dressing: buttoning pants and shirts, tying shoes • Eating with utensils • Hygiene: brushing teeth, flossing
Example Interventions:	<ul style="list-style-type: none"> • Practice skills with use of games and activities: <ul style="list-style-type: none"> ○ Puzzles and Board games ○ Beading ○ Arts and crafts • Posture Adjustments: <ul style="list-style-type: none"> ○ Posture is an important skills that helps a child complete fine motor task while in school. ○ Providing strengthening or additional support can help improve a child's posture • Adaptation: <ul style="list-style-type: none"> ○ Built-up handles: Adding foam, or using a premade built up handle, increases the width of the object making it easier to grip. ○ Pencil grips: Used in order to promote a proper grasp on a writing utensil. ○ Slant board: Can help with positioning a student to allow for better handwriting performance.



Gross Motor Skills

Gross motor skills are movements of the body's large muscles groups. These include activities such as crawling, walking, throwing and kicking a ball.

Importance In School Setting:	<ul style="list-style-type: none"> Gross motor skills are important in children's play during recess as well as their ability to be independent and explore his or her own environment. These skills provide a platform for the children to learn and explore.
Daily Life Examples:	<ul style="list-style-type: none"> Walking, running, crawling or getting one place to another without having to rely on others in order to do necessary daily activities. Dressing: pulling an arm through a sleeve Toileting: wiping, getting onto and off of the toilet Play as a means of socializing
Example Interventions:	<ul style="list-style-type: none"> The occupational therapist often has the student practice gross motor movement through the use of fun and creative activities.

Posture

Sitting upright for a long period of time demands strength and stability of the back, stomach, shoulder, and neck muscles.

Importance in a School Setting:	<ul style="list-style-type: none"> Postural control helps to provide the stable base of support needed to sit upright at a desk during an activity that requires fine motor skills or sustained attention.
Daily Life Examples:	<ul style="list-style-type: none"> Upright posture is important to have during meal times. It is also important to build strength to prevent injury or future back problems.
Example Interventions:	<ul style="list-style-type: none"> Using a scooter board to strengthen the muscles used for postural control. Adaptation <ul style="list-style-type: none"> Seating Wedges: A wedge is a shaped foam cushion that may be used in the classroom seats when the child slouches and needs extra support to maintain an upright posture.

Balance

Ability to distribute weight or adjust body position in order to maintain a steady upright position.

Importance in a School Setting:	<ul style="list-style-type: none"> Needed for postural control while seated in the classroom, and needed for almost every sport or physical activity including walking, running, and playing on the jungle gym.
Daily Life Examples:	<ul style="list-style-type: none"> Dressing (ex. putting on pants or shoes), sitting and remaining still, gross and fine motor skills, riding a bike, and playing sports.
Example Interventions:	<ul style="list-style-type: none"> Sitting on a scooter board while in motion, walking on taped lines, sitting on a therapy ball or standing on a balance board while catching and throwing.

Areas Of Gross Motor Skills

Bilateral Coordination

Using both sides of the body together at the same time in order to complete a task.

Importance In School Setting:	<ul style="list-style-type: none"> Bilateral coordination is needed for completing tasks that involve both sides of the body. This includes tasks where a child is using one side to stabilize while the other side is working, such as holding a piece of paper with the left hand, and cutting with the right hand. Also, many play activities during recess require bilateral skills, such as catching a ball.
Daily Life Examples:	<ul style="list-style-type: none"> Walking up stairs, riding a bike, playground activities such as monkey bars or swinging, stirring food in a bowl, spreading butter on toast.
Example Interventions:	<ul style="list-style-type: none"> Any fun activity that involves the use of both sides of the body. A few of the many activities include: playing catch with a large ball, hopscotch, beading a necklace, riding a bicycle, and getting through an obstacle course.

Crossing Midline

Midline is defined as the center of one's body. For example, when one claps his or her hands in front of their body, the place their hands meet is at his or her midline. Crossing midline is when the right hand, leg, or eye crosses over to the left side of the body and visa-versa.

Importance in a School Setting:	<ul style="list-style-type: none"> Crossing midline is used in many tasks at school. Crossing midline is seen when reading words across a page, writing, drawing, and during organized sports.
Daily Life Examples:	<ul style="list-style-type: none"> Crossing midline is seen when putting on shoes and socks, swinging a bat or tennis racket, and during self-care skills such as combing hair.
Example Interventions:	<ul style="list-style-type: none"> Use of activities that require the student to reach one side of the body to the other in order to practice crossing midline. Example activities include: bean bag toss, drawing large circles or 'figure eights' with one hand, and using a plastic bat to hit balloons.

Motor Planning

Motor planning is the ability to plan, initiate then execute a series of movements. A child who has difficulty motor planning may find it hard to follow verbal directions and often appears clumsy in new tasks.

Importance in a School Setting:	<ul style="list-style-type: none"> Motor planning is necessary for many activities. Problems in motor planning can cause poor balance, and difficulty learning new movements and games. It may affect the child's ability to keep up with other kids during recess. Handwriting may also be affected.
Daily Life Examples:	<ul style="list-style-type: none"> Climbing, dressing, tying shoes, playing sports, riding a bike, catching a ball, and other activities that require coordination.
Example Interventions:	<ul style="list-style-type: none"> Playing games that demand motor planning skills such as ring toss, catch with balls of various sizes, "Follow the Leader," and "Simon Says." Playing games such as these can improve the student's ability to plan, then execute the movement.

Visual Motor Skills

Visual-motor skills is the ability to use visual information to coordinate and organize movements, such as in hand-eye coordination.

Importance in a School setting:	<ul style="list-style-type: none"> • Visual motor skills assist children in writing, reading, drawing, looking at the board, using scissors, play such as kicking and catching a ball.
Daily Life Examples:	<ul style="list-style-type: none"> • Visual motor skills are needed for day-to-day tasks such as dressing, toileting, grooming, feeding, and tying shoes.
Example Interventions:	<ul style="list-style-type: none"> • Various handwriting strategies to better space the words, ball activities, shape matching, hitting a balloon with a peer, tracing and copying.

Visual Perceptual Skills

Visual perceptual skills help understand what is seen through the eyes and helps the brain interpret that information such as the ability to identify an object presented in a different size, color or position. Some skills that may be impaired include: finding an object due to other objects nearby, identifying an object's position in relation to his or her body.

Importance in a School Setting:	<ul style="list-style-type: none"> • There are several types of visual perceptual skills that can affect a child's ability to participate fully in the classroom. Tasks such as locating a specific pencil in their pencil box, writing within margins, reading, standing in a single file line, bumping into peers, identifying different classroom objects and written symbols.
Daily Life Examples:	<ul style="list-style-type: none"> • The child may bump into things, place items too close to the edge of surfaces, or knock objects over.
Example Interventions:	<ul style="list-style-type: none"> • Practicing visual perceptual tasks in order to build the underlying skill. Such tasks include: I-spy games, ball play and guessing games based on images. • Adaptation: <ul style="list-style-type: none"> ○ Using paper with darkened or raised margin lines, organizing school work (color code, highlight, etc.), use a ruler as a reading guide, lessening classroom distractions or moving the student to front of class.



Social Skills

The use and understanding of verbal and nonverbal communication to relay needs and interact with others, including family, friends and teachers.

Importance:	<p>A child needs to develop social skills in order to improve:</p> <ul style="list-style-type: none"> • Confidence- improve self-esteem and competence. • Cooperation- learn how to work with others in a variety of different settings. • Communication- (verbal and nonverbal) key aspect of letting a child express his or her emotions. Provides foundation for skills in reading, writing and other skills needed in the school setting, as well as to understands others needs and requests.
Example Interventions:	<ul style="list-style-type: none"> • <u>Social stories</u>: Short stories, with pictures, designed to help the child understand what is expected from them and from others in a social situation. • <u>Group activities</u>: When a child plays a game with friends, they can be taught how to interact appropriately with peers

Self-Regulation

The ability for a child to get oneself in an optimal level of arousal, and in a state where they are alert, focused and not distracted. Self regulation also allows a child to monitor their own state and use strategies to regulate various emotional states.

Importance in School Setting:	<ul style="list-style-type: none"> • When the child feels intense emotions such as being tired, frustrated, overwhelmed or excited, strategies can be used in order to have a more positive behavioral and educational outcome.
Daily Life Examples:	<ul style="list-style-type: none"> • When feeling upset the child will take deep breaths in order to calm down and refocus on the lesson • When feeling frustrated the child will do ten seat push-ups in the classroom instead of tearing up their work
Example Interventions:	<ul style="list-style-type: none"> • Helping the child identify how he or she feels and finding strategies that either calm or excite them, depending on what they need at the moment. • Use of Zones of Regulation (see Glossary) or ALERT Program • Adaptation: <ul style="list-style-type: none"> ○ Therapy ball: For some children, sitting on a big therapy ball provides them with just enough movement that they are able to focus while in class. ○ Move 'n' Sit: An inflatable disc that can be placed on the child's classroom chair. It has the same effect as the therapy ball, yet won't roll away. ○ Change the environment to create a quiet corner for work.

Sensory Processing

The ability to appropriately receive and interpret sensory information from all five senses; sight, sound, smell, taste, touch and perception of movement and position of the body.

Importance:	<ul style="list-style-type: none"> • Poor sensory processing can interfere with a child's ability to interact with others, participate in games during recess, dress themselves without hesitation and focus in the classroom without distraction.
Daily Life Examples:	<ul style="list-style-type: none"> • Children with ASD may not feel comfortable with all of the sensory information they are receiving at school. Schools tend to be noisy, busy, full of different smells and textures- all of which can lead a child into sensory overload, and in turn, improper classroom behavior. The goal is to provide strategies or techniques to help clarify the information they are getting from their bodies and environment, and help them feel more comfortable in their daily life.
Example Interventions:	<ul style="list-style-type: none"> • The occupational therapist often works with the student and the student's teacher to find out what sensory strategies will help the child focus in the classroom. Recommendations include: <ul style="list-style-type: none"> ○ Changing the classroom environment or relocating the student's desk in order to lessen distraction ○ Movement breaks during class time ○ Privacy boards to be placed on desk ○ Fidgets: A small item, such as a stress ball, a child can hold and play with in the classroom setting. ○ Use of Heavy Work: Activities that involve heavy resistance and input to the muscles. For example, the child may engage in chair pushups, lifting their body from the seat using just arm muscle. ○ Weighted Vests or Lap Buddies: The added weight of the vest or Lap Buddy is intended to have a calming effect on the child's sensory system, allowing the child to better focus on the task at hand.
Additional Information	<ul style="list-style-type: none"> • Sensory integration (SI) strategies are commonly used in schools when consulting with classroom teachers and staff. However, SI is not consistently used within the school setting during direct treatment and is a more common approach used in private pediatric OT clinics, To learn more about SI, contact an OT pediatric clinic in the area, or click on the following link (provided by AOTA): http://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/FactSheets/FactSheet_SensoryIntegration.ashx



Collaborating with your Occupational Therapist

How can I better understand OT lingo?

The glossary section provides many of the OT terms commonly seen in an IEP, however, a more in depth glossary can be viewed here:

<http://www.alternatives4children.org/glossary/occupational-therapy-glossary.pdf>

What questions should I ask my occupational therapist?

Questions are always welcome and are in fact valued! If you have questions, ask the occupational therapist about the research supporting their approaches and how this might help towards reaching the set goals. Remember that many questions unfortunately do not have a direct, quick answer, so leave your occupational therapist time to respond and ask additional questions if you are unclear on an answer.

How can I support my child's occupational therapy at home?

- Communication is key, and parents may need to initiate this communication between the occupational therapist if a concern arises. Check with your occupational therapist in regards to his or her preferred method of communication.
- Using strategies and techniques at home that are being used in therapy will help your child achieve his or her goals.
- OT services outside of the school setting may be recommended if your child has needs that are not covered by a school-based occupational therapist.
- Remember that everyone is on the same team. Your child's IEP team all want your child to succeed and are working their hardest to ensure they are given the best chance to do so.



Glossary: OT Terminology

Accommodation- Changing the demands of the task to better suit a child's abilities.

Alert Program- A program used to improve self-regulation and supports children, caregivers, teachers and therapist to select appropriate strategies to change or maintain state of alertness. Also referred to as *How Does Your Engine Run*.

Assistive devices- Equipment that is used to help people in performing a task or movement.

Auditory processing- The abilities involved in processing and interpreting sound. In other words, what the brain does with what is heard. This can involve the capacity to understand and pay attention to the spoken word, and the ability to discriminate different sounds.

Consultation (indirect services/ Tiers 1 & 2)- Services that include a collaborative effort between the therapist, parents, teachers, school district, etc. All entities share responsibility in identifying the child's needs and creating solutions to target the needs of the child.

Don- To put on.

Doff- To take off.

Dynamic balance- Maintaining balance while in motion

Fine Motor- The coordination of the small movements the child uses in his or her hands in order to complete a task.

Gross Motor- Movements of the large muscle groups of the body.

Lateral- Pertaining to a side of the body

Low registration- Children do not notice sensory information around them (ie. noises, smells, visual distractions) and miss cues that may guide behavior.

Midline- Pertaining to the middle (median) plane of the body

Motor planning: The ability to create the idea of an action, organize it, and then execute it.

Object manipulation- The ability to move objects within the hand with precision and control.

Posture- The child's ability maintain an upright posture while sitting or standing.

Praxis- The ability to voluntarily plan, organize and carry out unfamiliar actions and coordinated movements.

Proprioception- The awareness of your own posture, movement, and changes in balance, and the knowledge of an object's placement, weight, and resistance in relation to your body.

Reciprocal Interaction- A response related directly to the action. Ex: You hit the ball to your child, and your child hits the ball back.

Regulation- Ability to obtain or maintain a state of arousal appropriate for the situation.

Reversals- Difficulty discriminating between letters with similar forms. For example, the letters "b" and "d" may look like the same.

Sensory Avoiding- Limit the quantity of sensory input experienced. Example: hesitant, picky or seems to be distant from others.

Sensory Defensive- The presence of an atypical negative reaction to sensation that does not bother other people.

Sensory Integration (SI)- The brain's ability to process and organize information that is gathered through our senses. Also a type of intervention strategy.

Sensory Modulation- The ability to effectively organize and manage the incoming sensory information. Occupational Therapists often provide specific strategies to ensure a well-modulated sensory system.

Sensory Seeking- The need for more sensory input than others. Example: crash into things, need to touch things, like big hugs, explore their environment, and are constantly 'going'

Sensory Sensitive- Detect more input than others. Examples: dislikes loud noises, bright lights or colors, certain fabrics or textures, picky eater, strong smells

Sequencing- Order items in a particular way; connected series

Spatial Relations- The ability to be aware of oneself in relation to other objects or the relation between objects.

Tactile- The sense of touch.

Vestibular- A sensory system located in the inner ear that contributes to one's to spatial orientation, balance and movement.

Visual Motor- Referring to one's movements based on the perception of visual information.

Visual Perception- the ability to interpret visual information such as shapes, objects and colors.

Visual Tracking- the ability to control the eye movements required to follow a line of print or from one object to another. This skill is especially important when reading.

Zones of Regulation- A systematic, cognitive behavioral approach used to teach self-regulation by categorizing all the different ways one feels and states of alertness one experiences in four concrete zones.

Resources for More Information

Below are further resources to help understand occupational therapy, how it can help your child and ways to collaborate with your occupational therapist.

Summary of the role of Occupational Therapy for an individual with ASD provided by AOTA (American Occupational Therapy Association):

<http://www.aota.org/~media/Corporate/Files/Practice/Children/Resources/FAQs/FAQ%20Autism%20Web%20112210.ashx>

A list of strategies that the educator can use in the classroom provided by AOTA:

<http://www.aota.org//media/Corporate/Files/AboutOT/consumers/Youth/Autism/Autism%20Teacher%20Tip%20Sheet.pdf>

A tip sheet for individuals living with a child with autism provided by AOTA:

<http://www.aota.org//media/Corporate/Files/AboutOT/consumers/Youth/Autism/Autism%20Preschool%20tip%20sheet.pdf>

An overall description of occupational therapy in the school setting provided by AOTA:

<https://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/Fact-Sheets/School%20Settings%20fact%20sheet.pdf>

An extensive list of fun affordable games that encourage development of various skills:

http://www.therapiststreetforkids.com/files/Games-Toys_by_category.pdf

References

- American Occupational Therapy Association. (2013). What is the role of the school-based OT practitioner? Retrieved March 20, 2014, from <http://www.aota.org/-/media/corporate/files/secure/practice/children/parentsbrochure.pdf>
- American Occupational Therapy Association. (2014). About occupational therapy. Retrieved April 4, 2014, from <http://www.aota.org/about-occupational-therapy.aspx>
- Autism Speaks. (2013). What is autism? Retrieved September/28, 2013, from <http://www.autismspeaks.org>
- Roberts, A., 2013. *Clipboard* [JPEG]. Retrieved from: <https://openclipart.org/detail/179428/clipboard-by-hellocatfood-179428>