

# OCCUPATIONAL THERAPISTS & PHYSICAL THERAPISTS (OT & PT) SPECIALIZED SERVICE PROVIDERS GROWTH AND PERFORMANCE SYSTEM (SSP GPS)

2018-2019

Specialized Service Providers (SSPs) at Denver Public Schools (DPS) are vital members of the educational team and have the knowledge and skills necessary to ensure that diverse student populations have equitable access to academic instruction and participation in school-related activities. SSPs are key staff members who play an integral role in successfully supporting the whole child, as outlined in the Denver Plan 2020.

## Overview of the SSP GPS

The SSP GPS has been designed collaboratively with SSPs of all roles, school and central office leaders, and the Denver Classroom Teachers Association (DCTA).

The system sets a clear and consistent level of effective practice to meet our shared goals of Support for the Whole Child and acceleration of achievement for all students.

The following roles, supported by the SSP GPS, directly empower Support for the Whole Child:

- School Counselors
- School Nurses
- School Psychologists and Social Workers
- Speech Language Pathologists
- Audiologists
- Deaf and Hard of Hearing Itinerants
- Teachers of the Visually Impaired, and Orientation and Mobility Specialists
- Occupational Therapists and Physical Therapists

The SSP GPS provides a framework for our SSPs to identify areas of strength and growth through regular, meaningful feedback sessions with evaluators. The goal of the system is to support SSPs in their professional development towards meeting students' needs.

The framework is a growth tool that reflects the SSP's role. The SSP and evaluator use the framework to gather a preponderance of evidence on the SSP's practice throughout the school year during the school or business day. This means that an SSP and evaluator could have evidence to support alignment under Not Meeting, Approaching, Effective or Distinguished for different indicators, but fall within one of these areas for the overall rating.

The SSP GPS provides a holistic and comprehensive view of an SSP's practice by using the following multiple measures:

- **50% Professional Practice**—measured by the role-specific Professional Practice framework
- **50% Student Outcomes**—measured by Student Learning Objectives

As part of an evaluation using the Professional Practice framework, SSPs should expect to participate in check-in conversations throughout the year (Beginning-of-Year, Mid-Year and End-of-Year), as well as in ongoing meaningful conversations based on observation and/or review of service delivery. The frequency of the latter may vary greatly based on an SSP's specific role, interaction with students and time in the building. Moreover, the observation and review process must be discussed and agreed upon during Beginning-of-Year conversations.

The Denver Plan 2020 is DPS' roadmap—outlining our goals and charting our path to achieve our vision of **Every Child Succeeds.**

The fourth goal of five outlined in the Plan is **Support for the Whole Child**—DPS will provide school environments that encourage students to pursue their passions and interests, and to build and strengthen the social/emotional character traits they need to succeed in life.

## Beginning-of-Year Conversations

Beginning-of-Year Conversations are crucial in supporting SSPs throughout the entire year. These discussions set the stage for the supportive relationship between an SSP and his/her evaluator, as well as define expectations for the year to come. This conversation should focus on areas of strength and growth. The overall goal is to support SSPs in their professional development so they can meet the needs of DPS students.

During this conversation, an SSP and his/her evaluator should discuss and agree upon:

- The SSP's role, ensuring it is focused on areas of greatest potential student impact in relation to the school, caseload and/or time in building, and population served.
- Growth areas of focus for individual professional development.
- The definition of effective performance and what it looks like.
- How observation/data collection will be completed and documented.
- Timing and process for sharing feedback throughout the year in support of an SSP's ongoing professional growth.
- Student Learning Objectives (SLOs) for the year.

## Mid-Year Conversations

Mid-Year Conversations are an opportunity for employees to provide updates on the services being provided to students, and for evaluators to discuss preliminary ratings, feedback on effectiveness and concrete next steps on how to improve performance.

This conversation should include the following:

- Review of progress in relation to agreements made in Beginning-of-Year Conversations.
- Review of feedback on the SSP's performance using behaviors at the indicator level.
- Identification of any change in focus for an SSP due to environmental factors (e.g., student populations, building, etc.).
- Reflection on strengths, growth areas and next steps for the SSP's development, and discussion on how the evaluator can support continued growth throughout the year.
- Review of observations and data points collected to date, ensuring that they match the agreed-upon plan, and finalizing the plan for the remainder of the year.
- Review of progress based on SLOs.













## End-Of-Year Conversations

In End-of-Year Conversations, evaluators and SSPs should discuss strengths, progress in growth areas, and data points that validate performance, along with the final overall rating. The conversation should also focus on clear and actionable next steps for professional learning opportunities, and on methods to improve performance in the coming year.

This conversation should include the following:

- Sharing feedback on an SSP's performance using behaviors at the indicator level (documented and provided to the SSP) and evidence collected throughout the year.
- Sharing ratings assigned at the expectation level based on evidence collected (documented in Infor HR).
- Reviewing SLO outcomes.
- Sharing an overall rating for the year (documented in Infor HR).
- Identifying strengths and growth areas for the SSP's development and actionable steps for future professional development.

End-of-Year SSP GPS ratings are granted at an expectation and overall level. However, evaluators should provide feedback for growth at an indicator level as this is the most actionable for the SSP.

ROLE	EXPECTATION	INDICATOR	
OCCUPATIONAL AND PHYSICAL THERAPISTS (OT & PT)	Demonstrates Mastery of and Expertise in the Domain for Which They are Responsible	1.A	Designs and incorporates developmentally appropriate evidence-based practices from research findings into services. 
		1.B	Demonstrates knowledge of effective services that reduce barriers to and support learning across the home, school and community settings.
	Supports and/or Establishes Safe, Inclusive and Respectful Learning Environments for a Diverse Student Population	2.A	Demonstrates knowledge of, interest in and respect for diverse student communities and cultures in a manner that increases equity to promote a safe, accessible learning environment.
		2.B	Implements high, clear expectations for student behavior, including self-advocacy.
	Plans, Delivers, and/or Monitors Services and/or Specially Designed Instruction and/or Creates Environments That Facilitate Learning for Students	3.A	Provides services and/or specially designed instruction aligned with state and federal laws, Denver Public Schools (DPS) regulations and procedures, and the individual needs of students.  
		3.B	Utilizes multiple sources of data to identify the need for and design of services that meet the needs of individual students and schools.  
		3.C	Plans, monitors and adjusts consistently delivered services and/or specially designed instruction as needed for student progress toward achieving academic standards and individualized student goals.   
		3.D	Supports and integrates appropriate available technology in services and/or specially designed instruction to maximize student outcomes.  
	Reflects on Practice	4.A	Demonstrates self-awareness, reflects on practice with self and others, and acts on feedback.
		4.B	Pursues opportunities for professional growth which contribute to student and school growth and to a culture of inquiry.
	Demonstrates Collaboration, Advocacy and Leadership	5.A	Advocates for and engages students, families and the community in support of improved student achievement. 
		5.B	Collaborates with school teams to positively impact student outcomes. 
		5.C	Builds capacity among colleagues and demonstrates service to students, school, district and the profession.

Symbols have been incorporated into this document to provide guidance on the most likely method of observation for effective behaviors.

Key to Symbols:  Read •  Observe •  Information Literacy/Technology •  Conversation

**INDICATOR 1.A:** Designs and incorporates developmentally appropriate evidence-based practices from research findings into **services\***.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<p><b>OT &amp; PT Behaviors</b></p>	<ul style="list-style-type: none"> <li>• Demonstrates limited understanding of the relevance of normal developmental skill sequences, and of the milestones related to student performance and learning, resulting in:                             <ul style="list-style-type: none"> <li>▸ Compromised safety of the students.</li> <li>▸ Implementation of service plans that includes use of inappropriate, ineffective intervention techniques or strategies based on the student developmental level.</li> <li>▸ Lack of a multi-sensory approach to activities during therapy (i.e., consistently uses one modality rather than dynamic treatment sessions that integrate multiple methods).</li> <li>▸ Service plans (individually or group-based) are not modified dynamically during sessions to appropriately support or challenge the students.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Implements service plans that include developmentally appropriate interventions and strategies that support basic fundamental motor needs.</li> <li>• Provides resources** for teachers/ staff when requested.</li> <li>• Inconsistently plans and/or plans have disconnected scaffolding, modifications or sequencing of activities in service plans. Service plans inconsistently demonstrate understanding of developmental progression of skills to meet identified goals and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizes knowledge gained from current research or from continuing education opportunities to implement dynamic multi-sensory service plans that address the individualized needs of students and promote growth. The link between the research provided and interventions, strategies and recommendations are clear. 📄</li> <li>• Collaborates with team members and school personnel regarding evidence-based interventions that can be implemented beyond the therapeutic setting. 💬</li> <li>• Appropriately plans, scaffolds, modifies and sequences activities in service plans to support students at their developmental level, while also working on a progression of skills to meet identified goals and outcomes. 📄 👁️ 💬</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>• Advocates for and leads formal or informal professional development activities for school staff, family or community at multiple sites as appropriate. 💬</li> <li>• Incorporates trans-disciplinary areas of focus/goals into therapy sessions across entire caseload. 👁️</li> <li>• Models and instructs teachers, paraprofessionals and staff on how to plan, scaffold, modify and sequence activities, interventions and strategies to support students across learning environments beyond the therapeutic environment. 💬</li> </ul>

\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.  
 \*\***Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: *Some resources should be available in multiple formats depending on student needs.*

**Sources of evidence may include:**

- Individualized Education Programs (IEPs) or 504 Plans recommendations
- Therapy Lesson Plans or Service Plans
- Information letters or materials for teachers, students, staff and/or families to enable understanding interventions and strategies suggestions for the classroom
- Presentation to or In-Service for School Faculty, Staff or Department
- Consultation Records and Reports
- OT/PT Contact Records including emails or phone records

**INDICATOR 1.B:** Demonstrates knowledge of effective **services\*** that reduce barriers to and support learning across the home, school and community settings.













Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<p><b>OT &amp; PT Behaviors</b></p>	<ul style="list-style-type: none"> <li>• Demonstrates limited understanding of the relevance of services to student learning by:                             <ul style="list-style-type: none"> <li>▸ Service delivery model choice is not differentiated based on identified student individual needs or rationale (“pull-out”, “push-in” and direct or indirect service delivery).</li> <li>▸ Providing inappropriate interventions based upon setting (i.e., medically-based interventions) and has difficulty articulating the differences between the service purposes and goals.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistently collaborates with school teams to make service delivery choices and accommodations that result in motor-only focus.</li> <li>• Inappropriately provides strategies and ideas to incorporate at home.</li> <li>• Inconsistently provides information on educational services and access to multi-sensory motor-skills programs (e.g., handwriting, exercise, visual motor, sensory plans, standing protocols, etc.).</li> <li>• Inconsistently and/or inappropriately modifies motor-skill accommodations in the classroom with limited consultative or collaborative dialogue.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently collaborates with school teams to make service delivery choices and accommodations that allow for cross-discipline carry-over of skills, reduce barriers to student learning, and promote student growth. 📄💬</li> <li>• Provides and instructs families about school-based strategies and ideas to incorporate at home that will support students by providing carryover across environments. 📄💬</li> <li>• Routinely provides information on educational services and on access to multi-sensory motor-skills programs (e.g., handwriting, exercise, visual motor, sensory plans, standing protocols, etc.). 📄👁️💬</li> <li>• Modifies motor-skill accommodations in the classroom to better meet the needs of students according to student performance, teacher feedback, or consultative or collaborative dialogue. 👁️💬</li> </ul>	<p><i>In addition to “Effective” and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>• Advocates for and initiates formal or informal professional development activities for school or departmental staff, family or community to assist in the reduction of barriers for students across caseload. 👁️💬</li> <li>• Develops and consistently utilizes a system for follow-up conversations and data review to discuss student progress, and a delivery model of services to promote generalization of skills across settings. 📄💬</li> <li>• Advocates for changes to school environment to reduce student barriers (e.g. bathroom changes/remodel, playground alterations, etc.)</li> </ul>

\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

**Sources of evidence may include:**

- Individualized Education Programs (IEPs) or 504 Plans Least Restrictive Environment (LRE) Service Grid Data and Rationale Information
- ezEdMed Service Documentation Notes which includes assessment of therapeutic session and plan(s) for next session to improve outcome
- Presentation to or In-Service for School Faculty, Staff or Department
- Consultation Records or Reports
- OT/PT Contact Records, including emails or phone records
- Logs and request documentation for Assistive Technology loan bank

**INDICATOR 2.A:** Demonstrates knowledge of, interest in and respect for **diverse\*** student communities and cultures in a manner that increases equity to promote a safe, accessible learning environment.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>• Demonstrates limited understanding, rarely promotes and/or educates others about:                             <ul style="list-style-type: none"> <li>▸ Diverse perspectives and/or equitable access needs.</li> <li>▸ Disability awareness and inclusion.</li> <li>▸ Safe and effective use of adaptive equipment/materials, including safe student transfers and physical management.</li> <li>▸ Pre-planning skills to determine possible safety concerns and/or to implement appropriate safety measures during treatment (i.e., locking brakes for transfers).</li> <li>▸ Respectful and caring communication skills that allow time for student responses and interactions.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Understands and promotes the importance of a safe, accessible and caring school environments for students, staff and families through:                             <ul style="list-style-type: none"> <li>▸ Anticipating potentially hazardous situations, and pre-planning and/or problem solving during activity for safety modifications and behavioral supports within a treatment session.</li> <li>▸ Providing basic support and education to school staff, students and families related to disability awareness and promoting meaningful participation in inclusionary opportunities.</li> <li>▸ Identifying and providing basic guidance in the use of equipment or materials to support equity access to learning environments for students with disabilities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Understands, promotes and supports safe, accessible and caring school environments through:                             <ul style="list-style-type: none"> <li>▸ Providing training to staff, students and families across a wide variety of educational settings/environments (e.g., transfer training, physical management of students, safe use of a variety of adaptive equipment and materials, etc.). </li> <li>▸ Facilitating discussions and connections with outside service** providers (e.g., therapeutic, medical, adult/family services, etc.) and equipment vendors as needed.  </li> <li>▸ Providing opportunities to meet accommodation needs in various environments within the school, rather than just in the primary classroom (e.g., art classroom, Physical Education (PE), bathroom access, etc.). </li> </ul> </li> </ul>	<p><i>In addition to “Effective” and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>• Understands, promotes, supports and provides leadership toward safe, accessible and caring school environments through:                             <ul style="list-style-type: none"> <li>▸ Facilitates discussions, connections and training for all school assignments and departmental staff related to adaptive equipment, community resources***, etc.  </li> <li>▸ Connects and educates teachers and school staff, through formal or informal presentations across caseload, with resources related to disability awareness. </li> </ul> </li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>• Students may have numerous falls or be in compromised situations.</li> <li>• Staff members at caseload schools are not able to identify key points of understanding related to disabilities or awareness of their impact in different academic environments.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff cannot consistently demonstrate safe transfer techniques and methods.</li> <li>• Staff is able to identify limited key points of understanding related to disabilities and awareness of their impact in different academic environments.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff is able to demonstrate safe transfer techniques and methods and/or safe use of a variety of adaptive equipment and materials.  </li> <li>• Staff is able to articulate knowledge of disability awareness across the different academic environments. </li> </ul>	<ul style="list-style-type: none"> <li>• Students, staff and families seek out therapists for resources in regards to disability resources and community groups (e.g., Special Olympics, National Sports Center for the Disabled (NSCD), Adams Camp, Medical Equipment Vendors etc).  </li> </ul>

\***Diversity** includes race, ethnicity, gender, sexual orientation, socioeconomic status, language, mental and/or physical abilities (students with disabilities, gifted and talented), religion, age, political beliefs, etc. DPS places particular emphasis on the needs of students of color and students with disabilities in order to close achievement gaps for these groups of students.

\*\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

\*\*\***Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: *Some resources should be available in multiple formats depending on student needs.*

(Continued next page)













## **INDICATOR 2.A** *(Continued from previous page)*

### **Sources of evidence *may* include:**

- Individualized Education Programs (IEPs) or 504 Plans Body of Evidence Data; Student Strength and Weakness Data
- Transfer Training or Other Training Documentation/Materials
- Therapy Lesson Plans or Service Plans
- Information letters or materials for staff or family education
- Presentation to or In-Service for School Faculty, Staff or Department
- Consultation Records and Reports
- OT/PT Contact Records including emails or phone records
- Permission to secure and release confidential information



**INDICATOR 2.B:** Implements high, clear expectations for student behavior, including self-advocacy.











Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Rarely provides clear expectations that guide student behaviors in the therapeutic setting.</li> <li>Rarely promotes the use of problem solving skills and independence during sessions or across learning environments.</li> <li>Rarely models encouragement and enthusiasm.</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistently provides clear expectations that guide student behaviors in the therapeutic setting.</li> <li>Provides limited use of therapeutic opportunities to allow students the opportunity to problem solve and utilize self-advocacy skills.</li> <li>Inconsistently models encouragement and enthusiasm so students feel supported.</li> <li>Encourages students to persevere in the face of difficulty.</li> <li>Utilizes basic and/or reactive behavior and de-escalation techniques, along with therapists' strategies, to improve the student's access to the learning environment and the student's efficient use of time.</li> </ul>	<ul style="list-style-type: none"> <li>Consistently provides clear expectations that guide student behaviors in the therapeutic setting. </li> <li>Provides opportunities to learn and demonstrate self-advocacy and problem solving skills that promote independence. </li> <li>Models encouragement and enthusiasm so students feel supported. </li> <li>Provides strategies to students to persevere in the face of difficulty.</li> <li>Layers verbal de-escalation techniques with visual-based behavioral strategies to address student behaviors that are proactively based on the student's unique needs. </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Provides mentoring support or training to school staff in how to engage students with motor needs effectively to maximize growth, including challenging them to increase the student's independence and self-advocacy skills. </li> <li>Implements well-established behavior management systems that incorporates a variety of techniques (e.g., Positive Behavioral Interventions Supports (PBIS), level system, reward charts, etc).  </li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Students' inappropriate behavior during treatment sessions consistently impacts their growth and learning.</li> </ul>	<ul style="list-style-type: none"> <li>Students follow therapy rules and routines with prompting.</li> </ul>	<ul style="list-style-type: none"> <li>Students are able to follow established therapy rules and routines of treatment with minimal prompting.  </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Students demonstrate strong self-advocacy and problem solving skills in their learning environments as a result of the therapist's support, encouragement and instruction. </li> <li>Students are able to support others in their group in following therapy rules and routines.  </li> </ul>

**Sources of evidence may include:**

- Certificate of Completion for Non-Violent Crisis Intervention certification (NCI)
- Visual supports, norms, or behavioral charts, social stories, emotion charts, etc.



**INDICATOR 3.A:** Provides **services\*** and/or specially designed instruction aligned with state and federal laws, Denver Public Schools (DPS) regulations and procedures, and the individual needs of students.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Rarely provides, seeks and/or utilizes appropriate knowledge to collaborate, comply or meet responsibilities related to:                             <ul style="list-style-type: none"> <li>Completion of multi-disciplinary assessment summaries.</li> <li>Delivery of services required by IEPs.</li> <li>Educational standards, regulations and law.</li> <li>Development and implementation of educational plans and services with the school teams.</li> <li>All required IEP documentation/communication** timelines, including progress reports.</li> </ul> </li> <li>Rarely includes concise and comprehensive data towards student goals and performance in documentation of services.</li> </ul>	<ul style="list-style-type: none"> <li>Implements services that meet the majority of service needs, but may struggle meeting make-up service demands.</li> <li>Works with the school teams to write assessment summaries; however, may still be gaining expertise in comprehensive educational planning that integrates cross-disciplinary information.</li> <li>Meets most required timelines for documentation, communication and service delivery for schools and department.</li> <li>Inconsistently includes concise and comprehensive data towards student goals and performance in documentation of services.</li> <li>Inconsistently demonstrates professional responsibility or abides by Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) laws.</li> </ul>	<ul style="list-style-type: none"> <li>Provides consistent services as outlined in student IEPs based on targeted student goals/outcomes. </li> <li>Consistently works with the school teams to write or to advocate for integrated assessment summaries; summaries include comprehensive educational planning that allows for cross-disciplinary carryover of skills. </li> <li>Meets all required timelines for documentation, communication and service delivery for schools and department. </li> <li>Consistently includes concise and comprehensive data towards student goals and performance in documentation of services. </li> <li>Consistently demonstrates professional responsibility and abides by FERPA and HIPAA laws.</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Provides additional student support services that may exceed the level of services outlined in the student IEPs. </li> <li>Collaborates with school teams to develop and implement comprehensive educational plans that allow for cross-disciplinary carryover of skills during motor service delivery.</li> <li>Documentation of services consistently includes a clear plan for future therapy based on an accurate analysis of the current session. </li> <li>Mentors and supports school teams or other therapists in understanding their responsibilities under FERPA and HIPAA laws. </li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Students are not accessing academic material with proper accommodations.</li> <li>Relevant staff and/or students cannot identify the school therapists and/or typical schedule.</li> <li>Staff and/or students question whether therapy services have been scheduled and delivered as outlined in student IEPs.</li> </ul>	<ul style="list-style-type: none"> <li>Students are mostly accessing academic material with proper accommodations.</li> <li>Relevant staff can identify school therapists and/or schedule; however, is unsure of therapy times/days or student needs.</li> </ul>	<ul style="list-style-type: none"> <li>Students are accessing academic material with proper accommodations. </li> <li>Relevant staff displays a positive relationship with therapists and has complete knowledge of services being provided. </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Staff consistently seeks out therapists for feedback, additional recommendations, and can communicate with additional school staff or home caregivers. </li> </ul>

\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

\*\***Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

(Continued next page)

### **INDICATOR 3.A** *(Continued from previous page)*

**Sources of evidence *may* include:**

- Individualized Education Programs (IEPs), Least Restrictive Environment (LRE) and Goals
- 504 Plans
- Therapy Service Logs
- Progress Report Documentation
- ezEdMed Service Documentation Notes, which include assessment of therapeutic session and plan(s) for the next session to improve outcome
- OT/PT Contact Records including emails or phone records
- Permission to secure or release confidential information

**INDICATOR 3.B:** Utilizes multiple sources of data to identify the need for and design of **services\*** that meet the needs of individual students and schools.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Utilizes assessment tools that are not appropriate for developmental levels, ages or abilities based upon identified areas of concern.</li> <li>Rarely collects appropriate data or history to appropriately identify need areas, services and goals according to timelines and identified needs areas.</li> <li>Rarely provides appropriate written reports or data to support completion of multi-disciplinary evaluation summaries.</li> <li>Rarely provides data or designated consultation support to school Multi-Tiered Systems of Support (MTSS) teams.</li> <li>Writes goals and objectives that may not directly relate to prioritized areas of concern.</li> <li>Lacks a clear link between functional performance, assessment and present level data to make appropriate service recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Collects only basic assessment data or history to support completion of team multi-disciplinary assessment summaries.</li> <li>Follows through with requests to complete evaluations based upon identified needs utilizing a small set of valid assessment tools.</li> <li>Provides appropriate information related to motor services to guide educational program development.</li> <li>Utilizes task analysis to support the team's identification of appropriate goals based upon desired outcomes.</li> <li>Inconsistently writes functional goals/objectives that target key areas of growth or that link to explicit needs/impact of the disability.</li> <li>Inconsistently links functional performance, assessment and present-level data to make appropriate service recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Consistently utilizes a variety of valid assessment tools and methods to determine functional abilities, strengths and/or needs through analysis of multiple data sources (e.g., formal and informal assessment, task analysis, etc.). 📄</li> <li>Works actively with school multi-disciplinary teams to write assessment reports that highlight the overall strengths and needs of the students and their direct impact on their functional performance at school. 💬</li> <li>Collaborates with school teams to write concise summaries that link to student strengths and needs/impact of disability, including cross-disciplinary integration of information. 💬</li> <li>Consistently writes functional, meaningful goals/objectives reflective of a desired functional academic outcome related to the standards that target key prioritized needs and the impact of disability on targeted growth areas. 📄</li> <li>Consistently links functional performance, assessment and present-level data to make appropriate service recommendations.</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Works with all school teams to consistently write trans-disciplinary goals and objectives rather than goals and objectives that target only identified motor needs. 💬</li> <li>Educates staff and school teams on the utilization of data to guide service delivery decisions (i.e. provides additional resources to show how data is used for decision making, provides family with additional resources to understand the data and how it linked to their decision.)</li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Special education teams consistently report and provide documentation that a therapist is not providing appropriate assessment data to support eligibility decisions.</li> <li>Students are not able to state their own educational goals.</li> </ul>	<ul style="list-style-type: none"> <li>Staff is able to articulate the areas in which a therapist assessed the students; however, is not clear about student eligibility for services and/or how the areas of concern are impacting the students.</li> <li>Students are mostly able to state their own educational goals.</li> </ul>	<ul style="list-style-type: none"> <li>Staff is able to articulate the impact of student-identified motor needs, goals/objectives that the therapist is working on and the services the students are receiving. 👁️💬</li> <li>Students and families understand the use of multiple data sources as relevant to student care. 📄👁️</li> <li>Students are able to completely state their own educational goals. 👁️💬</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Staff and families are all working collectively on goals and objectives that are written from a trans-disciplinary perspective. 📄👁️</li> <li>Students and families demonstrate an understanding of the student's strengths and weaknesses. 👁️</li> <li>Students and families participate in the design of the plan of care. 👁️💬</li> </ul>

\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

(Continued next page)

**INDICATOR 3.B** *(Continued from previous page)*

**Sources of evidence may include:**

- Individualized Education Programs (IEPs), Assessment Data including multi-disciplinary summary reports
- 504 Plans
- Reports that may include standardized assessment data
- Presentation or In-Service for School Faculty, Staff or Department
- Data Collection Sources, Charts, Graphs, etc..

**INDICATOR 3.C:** Plans, monitors and adjusts consistently delivered services and/or specially designed instruction as needed for student progress toward achieving academic standards and individualized student goals.



























Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Rarely or inappropriately completes progress monitoring and progress reporting of goals and objectives.</li> <li>Rarely utilizes performance data to inform decisions related to selection and use of intervention strategy.</li> <li>Rarely develops meaningful, measurable student goals and objectives linked to Colorado Academic Standards, content and skills and/or to the specialized instruction.</li> </ul>	<ul style="list-style-type: none"> <li>Completes most student progress reports and progress monitoring, including limited or basic data related to current performance, but with a narrow understanding of how it links to the specialized instruction.</li> <li>Uses student performance data to modify intervention strategies, but is inconsistent in the process.</li> <li>Inconsistently develops meaningful, measurable student goals and objectives, or inconsistently links them to Colorado Academic Standards, content and skills and/or their specialized instruction.</li> </ul>	<ul style="list-style-type: none"> <li>Completes all student progress reports and progress monitoring according to timelines and includes details related to current performance and/or access to specialized instruction. 📄</li> <li>Monitors the effectiveness of student intervention regularly, and modifies interventions and strategies as needed to improve student performance based on multiple data sources. 📄 👁️ 💬</li> <li>Develops meaningful, measurable student goals and objectives that are linked to Colorado Academic Standards, content and skills, and/or to the specialized instruction.</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Models and mentors staff on how to analyze student performance data, including charting rates of progress, in order to modify treatment plans to meet desired outcomes. 📄 💬</li> <li>Models, mentors and educates school special education teams and/or department on developing and writing trans-disciplinary goals and objectives that are accurately linked to the Colorado Academic Standard, content and skills, and specialized instruction.</li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Staff and/or families are not provided with any information regarding student growth.</li> <li>Students are not meeting goals and objectives or making any measurable growth.</li> <li>Students and/or families rarely participate in discussions about progress.</li> </ul>	<ul style="list-style-type: none"> <li>Staff and/or families are inconsistently provided with progress reports.</li> <li>Students are making moderate progress towards meeting their goals and objectives.</li> <li>Students and/or families occasionally participate in discussions about progress.</li> </ul>	<ul style="list-style-type: none"> <li>Staff and families usually monitor progress independently with some assistance provided. 👁️</li> <li>Students are making substantial progress towards meeting their goals and objectives. 👁️ 💬</li> <li>Students and/or families regularly participate in discussions about progress and future goals and objectives. 👁️ 💬</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Staff and families can independently utilize progress monitoring forms and are consistently documenting progress. 📄 👁️ 💬</li> <li>Students are making consistent growth and are successfully meeting their goals and objectives. 👁️</li> <li>Students monitor their own progress. 👁️</li> </ul>

\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and and other tasks related to special education.

**Sources of evidence may include:**

- Student goals and objectives progress reports
- Documentation of a system to consistently monitor student progress, including looking at growth trajectories
- ezEdMed Service Documentation Notes, which includes assessment of therapeutic session and plan(s) for next session to improve outcome

**INDICATOR 3.D:** Supports and integrates appropriate available technology in **services\*** and/or specially designed instruction to maximize student outcomes.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Rarely appropriately identifies or utilizes assistive technology or adaptive equipment to improve student functional performance.</li> <li>Rarely provides training to staff in the use of assistive technology or equipment to use with students.</li> <li>Does not participate in assistive technology and equipment trials.</li> </ul>	<ul style="list-style-type: none"> <li>Utilizes basic or inappropriate low-, mid- and/or high-tech adaptive equipment and assistive technology options to access his/her specialized instruction.</li> <li>Shows awareness of district's sources for obtaining, maintaining and repairing assistive technology and/or adaptive equipment.</li> <li>Inconsistently participates in equipment and technology trials including helping collect data related to student performance.</li> </ul>	<ul style="list-style-type: none"> <li>Utilizes appropriate low-, mid- and/or high-tech assistive technology and adaptive equipment options to maximize access to specialized instruction.  </li> <li>Collaborates with school teams to identify appropriate technology and equipment within the district and to support families in accessing community resources** when needed.  </li> <li>Assists in maintaining and repairing equipment.   </li> <li>Participates in equipment and technology trials and helps collect data related to student performance.   </li> <li>Supports staff through instruction on the proper use of assistive technology and adaptive equipment.   </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Acts as an expert resource in the identification of appropriate assistive technology and adaptive equipment.  </li> <li>Supports the trial use of assistive technology and adaptive equipment to maximize student participation across a variety of learning environments, including formal or informal training.  </li> <li>Supports the team in writing trans-disciplinary goals that include the use of assistive technology and adaptive equipment in student IEPs. </li> <li>Assists with maintaining and repairing equipment, as well as providing information, support and in-person training for families to acquire equipment and technology for use in the community and/ or at home.  </li> <li>Utilizes a combination of low-, mid- and high-tech assistive technology options in all service delivery model settings to support students. </li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Staff and/or students are unable to identify individualized AT or adaptive equipment needs.</li> </ul>	<ul style="list-style-type: none"> <li>Staff and/or students may be able to identify assistive technology or adaptive equipment needs, but not the reason(s) or purpose(s) of its use.</li> <li>Staff and/or students may not be able to consistently identify any safety precautions related to assistive technology or adaptive equipment use.</li> </ul>	<ul style="list-style-type: none"> <li>Staff and students are able to identify the assistive technology or adaptive equipment needs and understand the purpose of its use.  </li> <li>Staff and students are able to identify any safety precautions related to equipment use.  </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Staff and students access the therapists as an expert resource in identification of, use and maintenance of assistive technology or adaptive equipment. </li> </ul>










\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

\*\***Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: *Some resources should be available in multiple formats depending on student needs.*

**Sources of evidence may include:**

- Presentation to or In-Service for School Faculty, Staff or Department
- Logs and requests for documentation to the Assistive Technology loan bank
- Equipment Logs or School Equipment Lists
- Contact logs that include vendor contacts
- ezEdMed documentation of AT use, trials, maintenance, training, etc.

**INDICATOR 4.A:** Demonstrates self-awareness, reflects on practice with self and others, and acts on feedback.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<p><b>OT &amp; PT Behaviors</b></p>	<ul style="list-style-type: none"> <li>• Rarely reflects on the effectiveness of a therapy session or service* plan.</li> <li>• Rarely asks for or is receptive to feedback.</li> <li>• In a safe environment, rarely acknowledges own biases/limitations impacting own practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistently reflects on the effectiveness of therapy plans; however, changes to service plans or practices are limited.</li> <li>• Sometimes asks for or is receptive to feedback.</li> <li>• Inconsistently shifts practice as a result of valuable feedback.</li> <li>• Examines own biases or perceptions to understand how these may impact professional practice and service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently reflects on the effectiveness of services in order to guide future service planning based on desired student outcomes. </li> <li>• Asks for and is consistently open to feedback. </li> <li>• Consistently changes therapy plans, including strategies and therapy methods, based on valuable feedback from others in order to increase their effectiveness.  </li> <li>• Consistently reflects on own biases and perceptions and mitigates any negative impact on students. </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>• Actively solicits and acts on feedback from multiple sources. </li> <li>• Models self-reflection for others, encouraging a culture of improvement. </li> <li>• Helps to lead or develop cultural competency practices.  </li> </ul>

\*Services may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

**Sources of evidence may include:**

- Presentation to or In-Service for School Faculty, Staff or Department
- Documented supervision of OT/PT students
- Written article review
- ezEdMed Service Documentation Notes, which includes assessment of therapeutic session and plan(s) for next session to improve outcome.
- Log or certificate of attendance at school, department or district trainings courses.
- Observation of use of other communication methods, modes and languages.



**INDICATOR 4.B:** Pursues opportunities for professional growth which contribute to student and school growth and to a culture of inquiry.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<p><b>OT &amp; PT Behaviors</b></p>	<ul style="list-style-type: none"> <li>Rarely reflects on personal performance data.</li> <li>Attends required professional development activities; however, is disinterested and/or rarely participates.</li> <li>Rarely sets professional development goals related to profession.</li> </ul>	<ul style="list-style-type: none"> <li>Reflects on personal performance data when requested, but inconsistently prioritizes professional learning to support need and growth areas.</li> <li>Attends required Professional Development (PD) courses but inconsistently applies beneficial strategies.</li> <li>Sets professional development goals based on personal interest instead of on current research or on areas of the student's highest needs.</li> </ul>	<ul style="list-style-type: none"> <li>Reflects on individual performance data and takes ownership of professional learning needs by self-identifying learning opportunities that support professional growth.</li> <li>Actively participates in professional learning activities within the department, district and/or other organizations, and implements the knowledge gained into their practice. 📄💬</li> <li>Sets prioritized professional development goals based on current research and on areas of the student's highest needs. 💬</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Contributes to a culture of inquiry by sharing effective, evidence-based practices or professional literature/research, and engages in department discussions proactively related to problems of practice. 📄💬</li> <li>Maintains professional standing with organizations such as the American Physical Therapy Association (APTA), American Occupational Therapy Association (AOTA), etc.. 👁️</li> <li>Consults with local colleges about research programs. 📄💬</li> <li>Leads departmental Professional Development Unit (PDU) or other professional development opportunities, etc. 💬</li> </ul>

**Sources of evidence may include:**

- Log or certificate of attendance at school, department, district or outside of the district, training courses.
- Membership certificates to additional professional organizations.

**INDICATOR 5.A:** Advocates for and engages students, families and the community in support of improved student achievement.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Limited understanding and/or demonstration of the importance of timely communication* with key stakeholders in the lives and outcomes of students.</li> <li>Rarely initiates or maintains appropriate communication, through any means, with colleagues or key stakeholders related to students and their services**.</li> <li>Rarely develops effective rapport or communication with parents or staff.</li> <li>Rarely engages in clear and constructive dialogue with families.</li> </ul>	<ul style="list-style-type: none"> <li>Understands the importance of timely communication and initiates basic dialogue with colleagues to exchange information.</li> <li>Shares analysis of student needs and supports collaborative discussion in a timely manner when requested.</li> <li>Works toward developing a rapport with staff and families.</li> <li>Inconsistently engages in meaningful, constructive dialogue with families where information is respectfully shared for the purpose of improving student growth.</li> </ul>	<ul style="list-style-type: none"> <li>Establishes and maintains appropriate and timely communication through a variety of means with key stakeholders (e.g., school staff, students, families, outside providers, etc.) to meet student needs. 📄 👁️ 💬</li> <li>Proactive in sharing analysis of student needs and in supporting collaborative discussion in a timely manner. 📄 💬</li> <li>Consistently develops effective rapport with staff and families through a variety of methods. 📄 👁️ 💬</li> <li>Consistently engages in meaningful and constructive dialogue with families where information is respectfully shared for the purpose of improving student growth. 👁️ 💬</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Establishes consistent ongoing timely collaborative relationships through multiple means with student families, with a focus on improving student outcomes. 📄 👁️ 💬</li> <li>Supports school teams and families in establishing relationships and communication with appropriate external or community resources*** in order to support students and families. 📄 💬</li> <li>Instrumental in supporting the development of appropriate methods of communication with families. 📄 👁️ 💬</li> <li>Facilitates relationships of school staff, students and families with appropriate community partners to meet student needs in the schools, as well as at home or in community settings. 📄 👁️ 💬</li> <li>Educational teams, including students and families, seek out therapist to support the identification of district resources and services to support the students and families, such as a family liaison. 📄 👁️ 💬</li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Staff members do not know how to access the school therapists.</li> </ul>	<ul style="list-style-type: none"> <li>Students are beginning to develop a rapport with the therapists which allows participation in familiar tasks and activities only.</li> <li>Some staff members seek out the therapists with appropriate questions and concerns, when needed.</li> </ul>	<ul style="list-style-type: none"> <li>Students have developed a rapport with the therapists that allows them to attempt tasks outside their comfort zone and to perform positively. 👁️</li> <li>Most staff members seek out the therapists with appropriate questions and concerns, when needed. 👁️</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Families, outside providers and additional team members have developed a strong rapport with therapists and consistently seek out and communicate with them to support student growth and achievement. 💬</li> <li>Families are able to successfully implement school break treatment activities and plans created by therapists to prevent student regression and to foster possible progress toward goals. 📄</li> </ul>

\***Communication** is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.






















\*\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

\*\*\***Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: *Some resources should be available in multiple formats depending on student needs.*

**Sources of evidence may include:**

- OT/PT Contact Reports including emails or phone records
- ezEdMed Service Documentation Notes
- Home Therapy Programs or Activity Suggestions

**INDICATOR 5.B:** Collaborates with school teams to positively impact student outcomes.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<p><b>OT &amp; PT Behaviors</b></p>	<ul style="list-style-type: none"> <li>Attends staffing team meetings at school sites, but is indifferent/ inattentive to information shared and/ or is rarely an active participant.</li> <li>Works in isolation and/or rarely shares information about students.</li> <li>Infrequently collaborates with special education teams when available.</li> <li>Rarely engages when provided opportunities to contribute to school climate and cultures.</li> <li>Regularly disregards school, department or district policies/ procedures.</li> <li>Often demonstrates inflexibility in dealing with issues and people.</li> <li>Rarely exemplifies the DPS Shared Core Values and/or demonstrates inflexibility in dealing with issues and people.</li> </ul>	<ul style="list-style-type: none"> <li>Attends team meetings; is attentive, conveys interest, but inconsistently contributes to school team efforts.</li> <li>Actively listens and receives information but may not make service plan changes.</li> <li>Inconsistent in timely collaboration with special education team members to meet the needs of students or in supporting data collection.</li> <li>Inconsistently attends, communicates* or participates at schools or within the department, therefore failing to build trust among peers or to contribute to an environment that is reflective of the DPS Shared Core Values.</li> <li>Builds trust among peers by contributing to an environment that is reflective of the DPS Shared Core Values though generally adheres to school, department or district policies/procedures.</li> <li>Typically acts professionally and exemplifies DPS Shared Core Values, but occasionally is tactless in expressing disagreement, variance of opinion or perception.</li> </ul>	<ul style="list-style-type: none"> <li>Consistently attends school team meetings, and actively contributes to team efforts to positively impact student outcomes. </li> <li>Formally and informally shares information about students with colleagues as teams discuss their work and leverage what is learned to impact service changes.  </li> <li>Builds trust among peers by contributing to an environment that is reflective of the DPS Shared Core Values through consistent attendance, communication and participation at schools and within the department. </li> <li>Acts professionally, tactfully expresses disagreement, variance of opinion or perception, and exemplifies DPS Shared Core Values when engaging colleagues.  </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Builds team capacity and drives team effectiveness despite limited time at the school.  </li> <li>Is clearly a leader among peers and stakeholders, at school sites and/or in the department.  </li> <li>Creates and actively seeks opportunities that contribute to a positive school and department climate and culture.   </li> </ul>
<p><b>Staff, Student or Family Behaviors</b></p>	<ul style="list-style-type: none"> <li>Staff cannot articulate the therapists' roles or contributions to the team.</li> </ul>	<ul style="list-style-type: none"> <li>Relevant staff has some knowledge of the therapists' roles and can partially verbalize the therapists' contributions to the team.</li> </ul>	<ul style="list-style-type: none"> <li>Relevant staff can utilize information provided by the therapists to modify activities in the classroom and across disciplines.  </li> <li>Relevant staff feels comfortable approaching therapists with difficult questions and concerns regarding students. </li> <li>Relevant staff can verbalize a clear understanding of therapists' roles and contributions to the team. </li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Provides In-Service to staff regarding the therapists' roles in the school setting and their effectiveness within a collaborative school team.  </li> <li>Attends outside trainings or In-Services and shares that information with the team to encourage collaborative efforts across disciplines.  </li> </ul>

\*Communication is the exchange of thoughts, messages or information through reading, writing, speaking, listening and/or actions.

**Sources of evidence may include:**

- Documentation of In-Service presentation or supports
- Certificates of attendance at district and/or outside training courses
- Documentation of attendance at school team meetings
- School site survey feedback

**INDICATOR 5.C:** Builds capacity among colleagues and demonstrates **service\*** to students, school, district and the profession.

Observable Evidence	Not Meeting	Approaching	Effective	Distinguished
<b>OT &amp; PT Behaviors</b>	<ul style="list-style-type: none"> <li>Rarely collaborates with the school and peer teams or provides leadership and training in his/her professional role to make appropriate referrals through the Multi-Tiered System of Supports (MTSS) process.</li> <li>Rarely participates in or volunteers to participate in activities that develop leadership skills.</li> <li>Rarely makes contributions to the school, department or district teams with respect to discipline.</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistently collaborates with the school and peer teams or provides leadership and training in his/her professional role to make appropriate referrals through the Multi-Tiered System of Supports (MTSS) process, including providing resources/materials.</li> <li>Inconsistently supports school goals and initiatives, and recognizes opportunities to develop leadership skills.</li> <li>Inconsistently implements established motor services programs based on school and student priorities.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborates with the school and peer teams and provides leadership and training in his/her professional role to make appropriate referrals through the Multi-Tiered System of Supports (MTSS) process, including providing resources/materials.</li> <li>Contributes to developing and improving their department.</li> <li>Shares his/her knowledge and skills readily with teams to promote student success.</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Works collaboratively with all school teams to contribute to the success of students from an interdisciplinary approach.</li> <li>Shares knowledge and skills with teams through formal and/or informal training to build capacity in an identified area of need.</li> <li>Contributes to department leadership through Occupational and Physical Therapists Leadership, Advisory Council, mentoring, student fieldwork coordination, etc.</li> <li>Spearheads or participates in the development of departmental tools and materials.</li> <li>Attends district-level culture and climate trainings.</li> </ul>
<b>Staff, Student or Family Behaviors</b>	<ul style="list-style-type: none"> <li>Staff cannot articulate the roles of the therapists.</li> </ul>	<ul style="list-style-type: none"> <li>Staff (e.g., classroom teachers, secretaries, etc.) may have some understanding of the therapists' roles, but is unable to clearly and accurately articulate those roles.</li> <li>Staff may initiate more inappropriate referrals due to decreased education provided by therapists.</li> </ul>	<ul style="list-style-type: none"> <li>Staff can verbalize the therapists' roles and is independent in utilization of MTSS materials/resources provided by the therapists.</li> <li>Staff has been well educated by the therapists, so can clearly articulate the school vs. medical model, the therapists' roles in the school, etc.</li> </ul>	<p><i>In addition to "Effective" and across entire caseload:</i></p> <ul style="list-style-type: none"> <li>Staff and/or peers view the therapists as expert resources** and leaders in their chosen field.</li> <li>Staff has been In-Serviced by the therapists and has created a collaborative and trans-disciplinary approach to working with individual students.</li> <li>School staff is able to independently utilize learned therapy approaches when working with students.</li> </ul>

\***Services** may include individual or group therapy, assessments, interventions, specially designed instruction, participation in school-wide initiatives and other tasks related to special education.

\*\***Resources** can be anything that is utilized to assist students in progress toward achievement of individualized student goals and/or mastery of the content-language objective(s), including: academic tools, language supports, media, technology and additional adults in the room. NOTE: *Some resources should be available in multiple formats depending on student needs.*

**Sources of evidence may include:**

- Documented supervision of OT/PT students, mentoring, etc.
- Certificates of attendance at district and/or outside training courses
- Documentation of In-Service provided to staff
- MTSS resources and materials