

# Determination of Relevant Therapy Tool

## The DRTT Summary Sheet (page1)

The DRTT is not meant to be prescriptive nor can it take into consideration the number of variables which may exist that impact frequency and duration decisions. Despite the objective information provided by the DRTT, the user must also recognize the IEP team as the ultimate decision maker regarding needed services. The tool also assumes an integrated model of service delivery, the placement decision is made as part of the IEP team process and the student's Least Restrictive Environment (LRE).

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**OT**    **PT**   **Therapist Name:** \_\_\_\_\_

The suggested minutes per session are recorded as the intersection of the Needs total (Page 2) (horizontal axis) and the Educational Impact total (Page 3) (vertical axis). The suggested time is stated in minutes per session of educationally relevant therapy service. The score determines the frequency (see OT / PT DRTT Page 4).

### Service Page

#### Suggested Minutes Per Session (Circle One)

		Needs (Page 2) (horizontal axis)				
		0-3	4-7	8-11	12-15	>15
Educational Impact (Page 3) (vertical axis)	7-9	15	30	45	60	90
	4-6	0-15	15-30	30	45	60
	0-3	0	15	15	30	30

#### Service Frequency Sessions/Year (Reference Page 4) Circle One:

30(1xweekly)-60(2xweek)   10(1xmonth)-20(2xmonth)   0-9(less than monthly)

#### Suggested Supplementary Aides and Service Frequency

Score from Page 5	Service Frequency
0 - 2	No Service to < Monthly
3 - 6	Monthly
> 6	> Monthly(weekly or biweekly)

**Comments:**



## Participation Restrictions Suggesting OT and/or PT Service Needs (Section 2)

Circle the score for the most appropriate statement under each section in which there are participation restrictions (only one per section). Consideration must be given to the student's ability to access and participate in the educational program and experience educational benefit as each area of performance is reviewed. Indicate which area(s) is the IEP team priority for OT and or PT to address during current IEP cycle.

**ADAPTIVE RESPONSES** Describe the student's need for strategies to address behavioral and/or sensory challenges that impact behavior, interactions with others, and attention during classroom activities and or routines.

- 0 Student needs are met by classroom curriculum or other existing services.
- 0 Student's ability to adapt to sensory information is appropriate when compared to peers.
- 0 Student has no difficulty meeting behavioral expectations in the educational environment.
- 1 Student needs verbal prompts/cues to attend to classroom activities, interact appropriately with others, and/or behave appropriately.
- 1 Established modifications, including assistive technology, successfully address sensory needs that impact student's ability to attend to classroom activities, interact appropriately with others, and/or behavior appropriately.
- 2 Modifications and adaptations including assistive technology need to be explored for the student, to attend to classroom activities, interact appropriately with others, and/or behave appropriately.
- 3 Student needs physical assistance during the entire activity and/or routine to elicit an adapted response to the classroom environment
- 0 Student attention, interaction and/or behavior remain unchanged despite multiple therapy interventions.

**SELF HELP** Describe the student's level of participation in self-help skills in the educational setting. This includes living skills instruction in the functional curricula such as toileting, feeding, and clothing management.

- 0 Student needs are met by classroom curriculum or other existing services.
- 0 Student's skill level is appropriate when compared to peers.
- 0 Student's self-help skills are developmentally appropriate.
- 1 Student initiates self-help tasks but needs supervision, verbal prompts, and/or assistive technology to complete.
- 2 Student needs physical prompts, specific strategies, assistive technology, or modifications to initiate and complete self-help tasks.
- 3 Student needs physical assistance during the entire activity to initiate and complete self-help tasks or to facilitate emerging self-help skills.
- 0 Student's self-help skills remain unchanged despite multiple therapy interventions focused on the acquisition or advancement of self-help skills.

**FINE MOTOR** Describe the student's fine motor skills and ability to manage classroom tools and self-care within the educational setting.

- 0 Student's needs are met by classroom curriculum or other existing services.
- 0 Student's fine motor skill level is appropriate when compared to peers.
- 0 Student's fine motor skills are developmentally appropriate.
- 0 Student's difficulties are not related to fine motor problems and do not require intervention.

- 1 Student needs supervision/verbal prompts, including assistive technology, for fine motor activities
- 2 Student needs physical prompts or modifications, including assistive technology, for activities and routines.
- 3 Student needs physical assistance during the entire fine motor activity/routine
- 0 Student's fine motor skills remain unchanged despite multiple therapy interventions focused on the acquisition or advancement of fine motor function.

**VISUAL MOTOR/VISUAL PERCEPTUAL (VM/VP) Describe the student's visual/perceptual skills required for copy/tracing/coloring etc., reading (tracking) and keyboarding within the educational setting.**

- 0 Student needs are met by classroom curriculum or other existing services.
- 0 Student's skill level is appropriate when compared to peers.
- 0 Student's visual motor/visual perceptual skills are developmentally appropriate.
- 0 Student's difficulties are not related to visual motor or visual perceptual problems and do not require intervention.
- 1 Student needs supervision, verbal cues, or modifications, including assistive technology, for successful VM/VP classroom performance.
- 2 Student needs physical prompts for success with VM/VP tasks or has emerging VM/VP skills in the classroom.
- 3 Student needs physical assistance during the entire activity or modifications for classroom VM/VP motor tasks.
- 0 Student's visual motor/visual perceptual skills remain unchanged despite multiple therapy interventions focused on acquisition or advancement of VM/VP skills.

**MOBILITY Describe the student's ability to navigate the school/community setting safely. This includes speed, distance, balance, transfers, maintaining and/or changing positions, material management, stairs (including bus), ramps, and/or uneven terrain, with or without the use of equipment and/or wheelchair.**

- 0 Student's needs are met by classroom curriculum or other existing services.
- 0 Student's mobility is appropriate when compared to peers.
- 0 Student is self-reliant and performing at capacity level within the school/community environment.
- 1 Student needs supervision or verbal cues, including assistive technology, for mobility within the school/community environment.
- 2 Student needs physical prompts and some physical assistance for mobility within the school/community environment.
- 3 Student needs instruction in mobility strategies to acquire emerging mobility skills to move within the school/community environment.
- 0 Student's mobility remains unchanged despite multiple therapy interventions focused on acquisition or advancement of school/community mobility skills.

**GROSS MOTOR Describe the student's gross motor skills necessary to participate in the educational setting.**

- 0 Student's needs are met by classroom curriculum or other existing services.
- 0 Student's skill level is appropriate when compared to peers.
- 0 Student's gross motor skills are developmentally appropriate.
- 0 Student's difficulties are not related to gross motor problems and do not require intervention.

- 1** Student needs supervision, verbal cues, and/or assistive technology (e.g., gait trainer, stander) to perform gross motor skills for educational activities.
- 2** Student needs physical prompts and/or physical assistance during part of the gross motor activity.
- 3** Student needs physical assistance during the entire gross motor activity to perform emerging gross motor skills.
- 0** Student's gross motor skills remain unchanged despite multiple therapy interventions focused on acquisition or advancement of gross motor function.

**Total Therapy Service Needs Score:** \_\_\_\_\_

## **Educational Impact (Page 3)**

**Make one selection in each category that best describes the student and his/her needs. Consideration must be given to the student's ability to access and participate in the educational program and experience educational benefit as each area of performance is reviewed.**

### **1. Describe the impact of the student's participation restriction(s) on educational performance and the need for therapist expertise.**

- 0** Student safely accesses and benefits from the educational environment without therapy intervention; modifications and accommodations are provided by teaching staff only.
- 1** Student requires periodic intervention by a therapist to address curriculum modifications and accommodations, safe functional abilities, adaptive equipment, and/or transition to another environment. Potential for skill development is possible but at a slow rate of attainment.
- 2** Student requires frequent intervention by a therapist to progress towards safe independence and benefit from the educational environment. Skill acquisition has slowed; continues to need practice opportunities.
- 3** Student requires extensive intervention by a therapist to support the need for safety and on-going modifications and/or accommodations to the educational environment.
- 3** Student requires extensive intervention by a therapist due to being in a period of rapid change where potential for acquiring skills is good, needing structured practice opportunities; or having concerns for safety, progressive deformity, loss of function, and/or change in behavior.

### **2. Indicate how well the student's needs are safely being met by someone other than a therapist.**

- 0** Student's needs are adequately met by physical education teacher, classroom teacher, parents, community resources, or student.
- 1** Student's needs are met by regular/special education teachers with periodic support from therapy staff.
- 2** Student's needs are met by regular/special education teachers, parents, or other school personnel with frequent support from therapy staff.
- 3** Student's needs are met by regular/special education teachers and other school personnel with extensive and/or on-going support from therapy staff.

### **3. Indicate the number of years the student has received educationally relevant therapy services in a particular performance area identified as a priority on the IEP; the therapist believes the likelihood for potential for change at this time is limited. (Part B Services only). Student may have additional needs; however, the team is not identifying this area as priorities during the current IEP cycle.**

- 0** More than 8 years
- 1** 6 – 8 years
- 2** 3 – 5 years

**3** Fewer than 3 years

**Total Score for Impact:** \_\_\_\_\_

**DETERMINATION OF RELEVANT THERAPY TOOL (DRTT)**

**SERVICE FREQUENCY (page 4)**

Make one selection in each category and determine the frequency which best represents the student's overall needs. If no need in a particular area, leave blank.

<b>30-60 Sessions/Year (1-2x/week)</b>	<b>11-29 Sessions/Year (1-2 x/month)</b>	<b>0-10 Sessions/Year (1x/month or less)</b>
<b>Sensory responses</b> which impact behavior, interactions with others, and attention during classroom activities.		
<input type="checkbox"/> Student's sensory responses significantly impact school performance; problem solving is needed to determine self-regulation strategies and require extensive intervention	<input type="checkbox"/> Student's sensory responses are more adaptive; frequent intervention is needed for a fluid integration of strategies by student and classroom staff	<input type="checkbox"/> Given classroom supports and strategies, student is able to maintain appropriate sensory responses with periodic monitoring
<b>Self Help in the educational setting</b>		
<input type="checkbox"/> Student's activity limitations area amendable to change; potential for skill development is good and requires extensive intervention	<input type="checkbox"/> Student's activity limitations are amendable to change but at a slower rate; requires frequent intervention and structured practice opportunities	<input type="checkbox"/> Student does not have activity limitations, has plateaued and needs practice to maintain skills; potential for further skill development is possible but at a slow rate of attainment and needs periodic monitoring
<b>Fine Motor in the educational setting</b>		
<input type="checkbox"/> Student's fine motor limitations are amendable to change; potential for skill development is good and requires extensive intervention	<input type="checkbox"/> Student's fine motor limitations are amendable to change but at a slower rate; requires frequent intervention and structured practice opportunities	<input type="checkbox"/> Student does not have activity limitations; has plateaued and needs practice to maintain skills; potential for further skill development is possible but at a slow rate of attainment and needs periodic monitoring
<b>Visual motor/Visual perceptual</b>		
<input type="checkbox"/> Student's visual motor and/or perceptual limitations area amendable; potential for skill development is good and requires extensive intervention	<input type="checkbox"/> Student's visual motor and/or perceptual limitations are amendable but at a slower rate; requires frequent intervention and structured practice opportunities	<input type="checkbox"/> Student does not have visual motor and/or perceptual limitations or potential for further skill development is possible but at a slow rate of attainment and needs periodic monitoring
<b>Mobility in school-related environments</b>		
<input type="checkbox"/> Student's mobility limitations area amendable to change and require extensive intervention	<input type="checkbox"/> Student's mobility limitations are amendable to change and require frequent intervention	<input type="checkbox"/> Student does not have mobility limitations or limitations need only periodic monitoring
<b>Gross Motor in the educational environment</b>		
<input type="checkbox"/> Student's gross motor activity limitations area	<input type="checkbox"/> Student's gross motor activity limitations are	<input type="checkbox"/> Student does not have gross motor activity limitations or



amendable to change; potential for skill development is good and requires extensive intervention	amendable to change but at a slower rate; requires frequent intervention and structured practice opportunities	potential for further skill development is possible but at a slow rate of attainment and needs periodic monitoring
<b>Secondary Impairments in body functions or body structures</b> that could limit school access and/or participation and need regular monitoring or follow-up		
<input type="checkbox"/> Student is at high risk	<input type="checkbox"/> Student is at moderate risk	<input type="checkbox"/> Student is at minimal risk
<b>Body functions and structures</b> affecting access and participation in the educational program (i.e. general health; cardiopulmonary; neurological, including physiological impact on emotion and behavior; orthopedic)		
<input type="checkbox"/> Student has had significant change and needs extensive intervention and/or follow-up.	<input type="checkbox"/> Student's status is stable but frequent intervention and/or follow-up is recommended	<input type="checkbox"/> Student body functions and structures do not restrict functional abilities or there are chronic issues not amendable to change only requiring periodic monitoring

## OT / PT Supplementary Service Needs

Determine the level of need (High = 2; Moderate = 1; Low = 0) for each section to support OT/PT service on behalf of the student. Consideration must be given to the student's ability to access and participate in the educational program and experience educational benefit in the LRE.

High Need - 2  
Moderate Need -1

Low

Need – 0

### \_\_\_\_ SCHOOL PERSONNEL/PARENT SUPPORTS (School Staff/Caregiver)

#### Examples:

- Home programs
- Home/community visit
- Community resources support (e.g., transition planning)
- Train/review protocols with teachers & aides (sensory diets, feeding protocols, positioning, transfer, MOVE, etc.)
- School program development and on-going review
- Consultation with school nurses, social workers, guidance counselors, behavior specialists, caregiver(s)
- Collaboration with outside agencies/resources to support home, school, and community participation

### \_\_\_\_ PHYSICAL/ENVIRONMENTAL SUPPORTS

#### Examples:

- Equipment monitoring/needs
- Vendor consultation
- Adapt/fabricate equipment
- Order/find equipment
- Building and/or classroom modification
- Disability awareness training

### \_\_\_\_ OUTSIDE CONSULTATION/COORDINATION

- Contact with outside medical agencies/providers (phone calls, faxes, letters, emails)
- Letters of medical necessity

\_\_\_\_\_ **PROGRAM PLANNING/IMPLEMENTATION**

**Examples:**

- Regular collaborative planning with other disciplines to meet the physical/academic/behavioral needs of the student
- Suggestions/strategies for increasing participation in home, school, community options and to promote LRE.
- Transition planning
- Consultation regarding AT device trials
- Anticipation of excessive meetings, many reports, etc.
- Professional development as related to student diagnosis
- Development of special program interventions:
  - Mobility practice planning and data review
  - Feeding protocols
  - Sensory strategies
  - Positioning protocols
  - AT device trials
  - Student organization of materials
  - Student socialization with peers

**Total OT/PT Supplementary aids and services: \_\_\_\_\_**

## Case Study: Thom

- 14 y/o with CP spastic quadriplegia, coded multi-handicapped

### Medical Background

- GMFCS Level V (Gross Motor Function Classification Scale)
  - Uses wheelchair for all mobility
- MACS Level III (Manual Ability Classification Scale)
  - Handles objects with difficulty, needs help to prepare or modify activities.
- SATCo level: Mid-thoracic
  - Unable to sit without support
  - Needs support at mid-thoracic for improved upper extremity use
- Hip & knee flexion contractures; has difficulty standing due to contractures; will complain of pain by crying
- Requires physical assistance of 2 or mechanical lift for all transfers
- Impaired selective motor control
- Received therapy since birth for a total of 13 years of OT and PT therapy (early intervention and school-based services)

### Educational History

- Is middle school age and attends a separate public day school
- Is in an alternative curriculum certificate program
- Student to classroom adult ratio is 3:1
- School Function Assessment participation scores( not valid due to age)
  - Classroom: 1/6 – Participation extremely limited
  - Mealtime: 2/6 - Student signal needs or choices but is fed
  - Recess: N/A
  - Toileting: 2/6 - Student signals need to use the bathroom; all tasks done by others
  - Transition: 1/6 - Participation extremely limited

Transportation: 1/6 - Student is moved by others; bus ride is ~45 minutes

### Personal Factors/Social History

- Difficult to engage; lacks motivation except for food
- Prefers adults; minimal interest in peers
- Has learned helplessness; relies on adult supports too much
- Loves music & video games
- Lives in a one floor single family home
- Parents are divorced; lives with mom. Mom works in a day care.
- Is an only child
- Father is minimally involved
- On Medical Assistance; has been on wait list for new wheelchair
- **IEP Goals/therapy supports**
- Consistent use of augmentative communication device during instruction to answer questions and to make choices including during lunchtime
- Will stand for clothing management with adult support for up to 3 minutes
- Will explore the use of powered mobility
- Will participate with peers in a community rec/leisure event - (Adapted bowling - parent request)
- Successful use of stamp to sign name on documents
-