

## The School-based SIG Quarterly Newsletter

### It's Back to School Time!

The School-based Special Interest Group Quarterly Newsletter is keeping you connected to the SIG with news, upcoming conferences, working groups & other updates. It also includes quarterly articles on various topics. Let us know if you have anything you would like us to feature or discuss by emailing [peditricschool@gmail.com](mailto:peditricschool@gmail.com).

Your ACCESS Team: Sharon Antoszyk, Brett Erin King, Laurie Bainer, Deb Rose, Kellie Collins, Melanie Haigood, & Monique Brewer

### Getting Organized: Outer Order, Inner Calm

Kellie Collins, PT, DPT, PCS (Wisconsin State Rep)  
[apedpt.wistaterep@gmail.com](mailto:apedpt.wistaterep@gmail.com)

The start of the school year always seems to be a stressful time, doesn't it? Getting organized can be one way to help feel more in control of your caseload and get your year off on the right foot (pun intended). As bestselling author Gretchen Rubin states, "For most people, an orderly environment helps them feel more energetic, more creative, and more cheerful." It may take some extra time to get organized well at the start of the year, but you will almost certainly be thankful you did. Just remember, outer order contributes to inner calm, and who doesn't want that?

#### Organize Your Caseload with a Spreadsheet

I like to use a spreadsheet to keep all the important dates for each student in one place. I organize my students alphabetically by school and use the color fill as reminders for upcoming evaluations and IEP meetings. Remember that maintaining FERPA laws and student privacy is of utmost importance, so be sure to review your district and/or employer's policies on storing electronic information related to students.

BUILDING	CONTACT	STUDENT	GRADE	TRANSITION	PN-1	PN-2	PN-3	PN-4	IEP (end)	EVAL (start)	POC
EARLY CHILDHOOD	X	STUDENT NAME	EC	Y-4K	X	X	X		DATE	DATE	X
	X	STUDENT NAME	EC	N	X	X	X		DATE	DATE	X
		STUDENT NAME	EC	Y-4K	X	X	X		DATE	DATE	X
		STUDENT NAME	EC	N	X	X	X		DATE	DATE	X
ELEMENTARY	X	STUDENT NAME	EC	Y-4K	X	X	X		DATE	DATE	X
		STUDENT NAME	4	Y-Middle School	X	X	X		DATE	DATE	X
	X	STUDENT NAME	3	N	X	X	X		DATE	DATE	X
	X	STUDENT NAME	2	N	X	X	X		DATE	DATE	X
HIGH SCHOOL	X	STUDENT NAME	1	N	X	X	X		DATE	DATE	X
		STUDENT NAME	4	Y-Middle School	X	X	X		DATE	DATE	X
	X	STUDENT NAME	T	N	X	X	X	X	DATE	DATE	X
	X	STUDENT NAME	11	N	X	X	X	X	DATE	DATE	X
	STUDENT NAME	10	N	X	X	X	X	DATE	DATE	X	
	STUDENT NAME	T	Graduating	X	X	X	X	DATE	DATE	X	
X	STUDENT NAME	12	Y-Transition	X	X	X	X	DATE	DATE	X	

**CONTACT:** I try to have contact with the students' parents/guardians at least once a semester and then check it off.

**GRADE:** The student's current grade.

**TRANSITION:** If the student will be transitioning to a different school next year and where.

**PN-1 through 4:** I check off after I complete each progress note.

**IEP (end):** I write in the end date for the student's IEP. I start the year with all the dates filled in blue and change to white once the IEP is done.

**EVAL (start):** I write in the start date for the student's most recent evaluation. I will highlight in yellow those students who are due for re-evaluation that school year, so I have a heads up.

**POC:** I check off when I update the student's POC after their IEP meeting. I will highlight yellow those that I still need to finish.

Personalize the spreadsheet however works for you. If you have other paperwork to complete regularly, add a column for that. Use color coding to alert you to upcoming events and things you need to finish.

I make extra sheets on my document for tracking and scheduling students at the start of the school year, as well as tracking my evaluations. For scheduling, columns could include: Building, Student Name, Service Time, Service Setting, Case Manager (special ed teacher), Classroom Teacher and Grade, Check for when they are scheduled, etc. For evaluations, columns could include: student name, building, possible special education eligibility areas, planned assessments, check for when notice of testing is due, check for when consent to test is received, date when evaluation is due, meeting date, check for when your testing is done, status of evaluation, etc.

#### Use Wh-Questions to Confirm Your Caseload, Update Your Treatment Plans, and Schedule Students

- **WHO:** Confirm what students are on your caseload at each school. Who is their classroom teacher? Special ed teacher? People that will be working with them regularly?
- **WHAT:** What kind of PT services is the student getting? Direct, consultation, both?
- **WHERE:** What setting is the student being serviced in? Special education (pull-out)? Regular education (PE, recess, hallways, etc.)?
- **WHEN:** What is the frequency of PT intervention for each student? When are you going to see them during the school day?
- **WHY:** For direct service, what IEP goals are you collaborating to work towards? If consultative, what supplementary aids or staff supports are you providing?

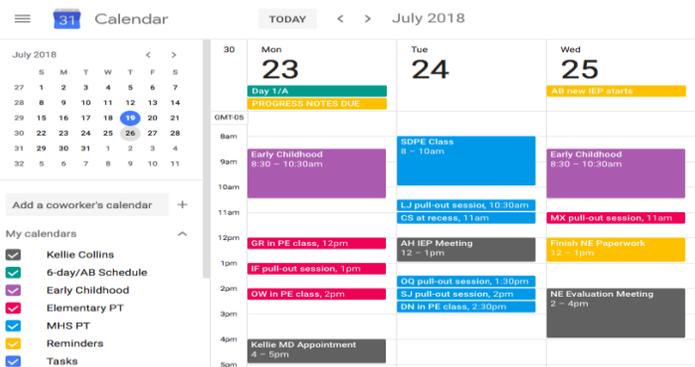
#### Use an Electronic Calendar for Scheduling PT Sessions and Meetings

I like to use Google Calendar for scheduling all things work-related. I find that keeping all time commitments in one place that is accessible anywhere that has internet access (computer, phone, etc.) is really convenient and helps to make sure I don't double-book myself with work and personal obligations.

I use different, color-coded calendars for each school/building I am in and set up recurring events for PT sessions that occur regularly. As soon as meetings are scheduled, I put them in the calendar associated with my name (one that is accessible to others in your organization) so that my co-workers can see my availability and invite me to events. I also like to use the Tasks calendar for my to-do list, which pops up on the right side of the screen when activated.

To learn more about how to use Google Calendar, check out their [Getting Started Guide](#). Other online calendar options include Microsoft Outlook calendar, Apple iCloud calendar, Zoho Calendar, Teamup, Trello, Basecamp, and many more.

\*\*Maintaining FERPA laws and student privacy is of utmost importance, so be sure to use nondescript coding for student-related events and review your district and/or employer's policies on storing electronic information related to students.



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### Question of the Quarter

Sharon Antoszyk, PT, DPT, PCS with Melanie Haigood, PT, MS, PCS

Thank you to everyone who answered the “Question of the Quarter” in the last issue of ACCESS! The question was “*What are the contexts of the school-based setting where you practice?*” Melanie Haigood responded that she has worked for the Alabama Institute for the Deaf and Blind (AIDB) for 10 years. The institute, which is funded by the state of Alabama, includes several different programs to serve individuals who have hearing loss, vision impairment, or are deaf and blind. Melanie’s role is to provide school-based PT services in three schools: Alabama School for the Deaf, Alabama School for the Blind, and the Helen Keller School. When Melanie started working for AIDB there was not another PT to guide her and she had to learn as she went along. Here are some strategies she has learned over the years.

#### *For students with visual impairments:*

- When working on ball skills, place the ball in a plastic grocery bag and tie it shut. It will give the child some auditory cues to help locate it during activities.
- Look for ways to create color contrast with activities. For example, place a black placemat on a table as a background to contrast with bright paper or toys.
- Environmental setup is very important in classrooms and during therapy. Look for places to work where the floor tiles or carpets are in a simple pattern, keep wall decor simple, and consider lighting. Some kids are sensitive to light and need a dim environment while others may need bright lights.

#### *When working with children who are both deaf and blind:*

- Children who are deaf and blind usually have a lot of sensory issues so collaborate with your OT coworkers in this area.
- For mobility issues, use gait trainers or a toy grocery cart/baby buggy during play so the child can safely begin to explore their environment. They can learn the layout of the room by bumping into obstacles with a push toy rather than walking into them with their body.

#### *When working with students with hearing loss:*

- Using demonstration, gestures, and simple ASL to communicate with children.
- Talk or sign while facing the child. If you are moving or turn your head while speaking the communication can be lost. It sounds so simple, but it is more challenging than it sounds!
- Look for potential vestibular problems when working with children who are deaf. Kids with sensorineural hearing loss may also have balance difficulties.

Melanie notes that she has grown so much as a therapist while working in this setting. She said, “There is something new every day and it is NEVER boring!” If you would like to learn more about AIDB, please visit their website at [www.aidb.org](http://www.aidb.org). Or if you have specific questions for Melanie, she can be reached at [haigood.melanie@aidb.org](mailto:haigood.melanie@aidb.org).

We would love to hear more about your practice! Here is the Question of the Quarter for our next issue:

***Click this link to share your answer to this quarter’s reflective question:***

**[What types of challenges/barriers do you encounter in your school-based practice?](#)**

*For example: What is the impact of these challenges/barriers? How do you overcome/address the barriers? How do you document intervention sessions (i.e. paper template, computer/web-based program, etc.) and keep up on your documentation?*

### Thoughts from the other side of the IEP table

Karen Tartick, PT

As the mother of a son with autism who is now 27 years old, I remember his therapists at school and the many meetings over the years: some full of joy and pride, others tearful and discouraging, some just tedious and repetitious. I am a mother of a young man severely affected by ASD, and I am also a physical therapist who has worked with children with disabilities. I have been on both sides of the IEP table and have learned much from both viewpoints. My son, Eric, has increased both my awareness of the overwhelming issues parents face as well as my ability to empathize. At meetings, I see parents and caregivers and I recognize the gamut of emotions: hopefulness, anger, grief, guilt, and determination, but most of all, their profound love for their child. I have attended meetings where there has been a breakdown in communication and understanding, resulting in frustration, anger, and withdrawal. Here are some pointers that have helped me to develop good relationships with the families with whom I work to establish a sense of trust and mutual respect:

- First and foremost, listen. Close your laptop, look at the parents as they speak, and listen with the intent to understand, not respond. Acknowledge that they are the expert in their child. Hear the perspective and concerns of the parent/caregiver, especially parents of children in the younger ages. They may still be struggling with denial, grief, anger, or acceptance.
- Therapists should try to be reasonable when setting expectations. Parents are often juggling multiple roles: being a wife or husband, having a career, meeting the needs of their other children, cooking, cleaning, running errands...the list is seemingly endless. When expecting a parent to take on the role of “therapist” at home, healthcare professionals need to be understanding and accepting of the time constraints and other responsibilities.
- Looking back on all the interactions I have had with healthcare professionals, I value most the individuals who were honest and who interacted in a compassionate manner with me. Acceptance may take years, but it is important to use our knowledge and research to help a parent understand his/her child’s disability. Though honesty is a critical component of any interaction between professionals and parents, it must be expressed with compassion and empathy, and an understanding that the parent may still be grieving the loss of a hope; that one day their child may talk, that one day their child will walk. Be sure to give them time to process the information; don’t be in a hurry to make them understand.
- Show that you value their child for who he/she is, regardless of any disability. Communicate in a way that demonstrates you know their child as someone special, not just as a diagnosis. I’ll always remember the people that have told me a story that showed me that they really knew Eric—not what he needs in speech, OT, or PT, but as a child who at one time loved Thomas the Tank Engine. Knowing that they looked at Eric as a child first was so valuable to me, and I loved that they seemed to know him as the special person I knew him to be. Continue to write the occasional positive story/anecdote in a communication folder; those notes would lift my spirits so many days, often at times when I felt I couldn’t take any more notes about his crying or aggressive behavior.
- Finally, be prepared to answer questions. Therapists must be informed about current research and EBPs in order to address questions about interventions. When Eric was first diagnosed, I was given so much random advice about treatments and cures and I would research them only to discover there was only anecdotal support. My role as a PT is to be professional, knowledgeable and up to date on current research and techniques, while also demonstrating compassion, empathy, and support for the family.