

Spring Is Upon Us with Your ACCESS Team!

The School-based Special Interest Group Quarterly Newsletter is keeping you connected to the SIG with news, upcoming conferences, workgroups & 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 peditricschoolsig@gmail.com. Your ACCESS Team: Sharon Antoszyk, Brett Erin King, Laurie Bainer, Joanne Szabo, Kellie Collins, Deb Rose, Kyle Kitchen & Carlo Vialu

Supplementary Aids and Services (SAS) – A Physical Therapist’s Intervention?

Susan Cecere, PT, MHS

How do consultative services differ from direct services? Do we have to write a goal when consulting?

Per IDEA 2004 (614 (d)(1)), the IEP must contain a statement of the special education, related services and supplementary aids and services (SAS) to be provided to the child or on behalf of the child, as well as a statement of the program modifications or supports for school personnel that will be provided for the child. SAS are data driven supports required to support student access in the least restrictive environment (LRE) and participation with nondisabled peers. These supports are determined through a collaborative team process and careful assessment of the student’s needs relative to curricular demands and expectations, the environment, and the student’s personal factors.

“Services provided to a child” describe interventions where the student is the beneficiary of your expertise. The term “direct” is often applied. This type of service may be necessary when specific strategies cannot safely be delegated or when a student is acquiring a skill. An example might be the development of standing balance skills in order for the student to participate in classroom activities such as circle time or a self-care routine. These services are typically linked to a goal in the student’s IEP that describes a desired level of attainment and how accomplishing this skill will improve the student’s participation.

“Services on behalf of the child” are supports the student needs for access in the LRE and to make progress in the general education curriculum. These services may be described in the SAS, accommodations, or program modifications section on the IEP. The SAS section covers a wide array of supports and services the student might require. SAS can be instructional, physical, behavioral and/or collaborative. Often these types of services are called “indirect” services, as the team members are the beneficiaries of your expertise. SAS examples specific to PT might be designing a barrier free classroom arrangement or consultation with other team members, and both examples are documented as part of the IEP. Consultation is an element of the PT plan of care and may be documented as a service under the SAS component of the IEP. Although PT consultation is a service that does not require a goal, the therapist should clearly document the purpose and anticipated dosage of the consultation, as well as collect and review data on what they are consulting on and/or to whom.

The way in which the services on behalf of the child are documented in the IEP will vary between states and districts. While it is required that all IEPs include supplementary aids and services, accommodations, and program modifications, states and school districts have a great deal of flexibility about the information they require in an IEP and how the supports will be documented in the IEP. What is important is that the IEP team clearly documents how services will be provided so that parents, educators, related service providers, administrators, and others can easily understand and implement effective IEPs for their students with disabilities. Please refer to your state and/or district IEP guidelines for specifics on how to document SAS, accommodations, and program modifications in the IEP.

A resource for developing the supplementary aids and services can be found here: [Supplementary Aids and Services Considerations Toolkit](#)

Using the PPAS Collaboratively

Carlo Vialu, PT, MBA

My favorite new assessment tool: The **Posture and Postural Ability Scale (PPAS)**! It is very straightforward in that the PT can coach the teacher and paraprofessional to complete the forms themselves, say, to monitor use of a standing frame or specialized seating in class. The PPAS has been tested for use in both [adults](#) and [children](#) by Rodby-Bosquet, et al. (2014, 2016). Clients can be tested in supine, prone, sitting and standing. The test has two parts:

1. *Postural Ability* scores the client’s ability to “stabilize the body segments relative to each other and to the supporting surface” in a 7-point ordinal scale, from 1 (Unplaceable in an aligned posture) to 7 (Able to move in and out of position).
2. *Posture* scores quality of posture based on 6 descriptors from the sagittal view and 6 descriptors from the frontal view. Yes scores a 1, No scores a 0, for the highest total of 12 points.

Try it collaboratively! For example, if a student uses a standing frame or an adaptive seat in class, conduct the PPAS with the teacher and the paraprofessional. Observe the child together (or use pictures with the right photo consent). Explain to the teacher or paraprofessional each descriptor. Ask them what they think the right score is. Discuss the scores, and ways to improve the score. With enough practice, they can use it for proper positioning and monitoring. Get the [PPAS items here](#) or [email me](#) for the form I use based on the article.

Jazzed Up about CSM 2018!

Karen Greeley, PT, DScPT

Over 17,000 physical therapists attended the excellent programming and organizational meetings at CSM in New Orleans this February...and enjoyed the food and music in this wonderful city! School-based PTs enjoyed many presentations on topics including dosing and plasticity, outcome measures, motivating children, and even making children smarter by advancing motor and cognitive development. Laurie Ray, our School SIG chair, co-presented in the education tract on biases that we may encounter and ways that we can mitigate them in our clinical decision making and educational programs.

Day One started with a delicious early breakfast (6:30 AM...) hosted by the Academy of Pediatric Physical Therapy and provided by Rifton. Many school-based PTs attended and had a chance to meet and greet other therapists in their regions. We are used to getting up early!

On Friday night, almost 250 pediatric PTs met for the Academy's annual board meeting where our own Sue Cecere passed the section VP baton to Lynn Jeffries. Sue has been (and will continue to be!) an invaluable member of our School SIG. In addition, Lori Bartleson, PT, DPT from SC received the Carol Gildenberg Dichter Memorial PCP Scholarship. Go Lori! Irene McEwen, a long-time expert in IDEA and school services, made an incredible donation to start an endowment to fund research for school-based physical therapy. It was a great night to celebrate! On Saturday, the School SIG had another early meeting where we discussed the initiatives and activities of the SIG, including our current and possible future work groups. The School SIG is not only the largest special interest group in the Academy, but also the most active!



Sue Cecere 'passing the VP torch' to Lynn Jeffries APPT style!



Thank you for your service, Sue Cecere!
Sue Cecere completed her term as the Academy's Vice President at CSM. Sue has always been an advocate for School Based PT's and the School SIG!

HELP WANTED!

We need SIG members for the following regions to volunteer for these workgroups*:

Region I: (AK, CA, HI, ID, MT, NV, OR, UT, WA)

- Serving as a CI in School Based Practice
- Signs and symptoms of abuse, neglect, and addiction
- Transition from EI to School
- Educationally Relevant PT

Region II: (CO, IA, KS, MN, MO, NE, ND, SD, WY)

- Serving as a CI in School Based Practice
- Signs and symptoms of abuse, neglect, and addiction
- Transition from EI to School
- Educationally Relevant PT

Region III: (IL, IN, MI, OH, WI)

- Signs and symptoms of abuse, neglect, and addiction
- Transition from EI to School

Region IV: (CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)

- Signs and symptoms of abuse, neglect, and addiction

Region V: (DC, MD, NC, SC, VA, WV)

Region VI: (AL, FL, GA, KY, MS, PR, TN)

- Serving as a CI in School Based Practice
- Signs and symptoms of abuse, neglect, and addiction
- Transition from EI to School
- Educationally Relevant PT

Region VII: (AR, AZ, LA, NM, OK, TX)

- Serving as a CI in School Based Practice
- Transition from EI to School
- Educationally Relevant PT

*Workgroups will develop Factsheets to be published on the Academy

Additional opportunities:

Social media point person – The SIG is looking for a member to be the liaison for the SIG and the Academy's Social Media efforts. This individual will work with the Membership Engagement Subcommittee and facilitate posts from the SIG on the Academy's Facebook Page and Twitter Accounts.

Spotlight point person(s) *Spotlight* is a quarterly service provided to APPT members that highlights recently published articles of interest. We are seeking individual(s) interested in seeking research articles that would be of interest to and/or support of the school based PT.

If you are interested in any of these opportunities please send an email to peditricsschoolsig@gmail.com

SAVE THE DATE!
Innovations Conference
July 27-28
Seattle, WA