



Related Services

School Manual

___ **Physical Therapy**

___ **Occupational Therapy**

___ **Speech and Language**

School _____

Provider _____



Related Services Provider

This binder shall include information that documents the school's service to facilitate startup each year and, should it be necessary, transfer of information to another provider, whether a substitute, an additional team member, or a replacement. The information contained here must capsule all the information that's needed to successfully meet the needs of the workload in the building.

This binder must include:

- **Current Caseload List**
- **Weekly / Daily Schedule**
- **Calendar for this school and district**
- **Fire Drill, Lockdown, and other emergency procedures (code words, etc.)**
- **Emergency/Snow phone chain**
- **Monthly therapy (billing) logs (copies; originals sent to RSG office each month)**
- **Provider's contact information**

Home phone: _____

Cell phone: _____

Address:

In case of emergency contact: _____

- **Caseload administration information**
- **IEPs for each student OR indication of where IEPs are stored**

Optional but helpful:

- **Map of school showing classroom**
- **Staff List / phone extension list**
- **Location of school handbook (staff and student)**
- **Class list of whole school (teacher/students/room)**
- **Any information that you think is helpful at this school.**

Caseload administration info

Include whom to contact for account setup and passwords

Computer and email info:

IEP Direct / Clarity / or other software for IEPs:

Medicaid info:

School Routines:

IEPs: (How do you update for progress? On paper? Via software? Who sends the copies to the parent?)

Include helpful information such as:

“Do not take students from specials.”

“Always escort students to and from sessions.”

“ PPTs are always held on Thursdays.”



Current Workload: _____ **School** _____ **Provider Name:** _____

(Please revise as needed through the school year and complete by the end of the year. Please file a copy of this list with the LEA ongoing through the year.) Physical therapists should keep a copy of the Medical Referral form; the original goes in the special education file.

Date: _____

Student Name	Grade this year	IEP Time** Exactly as listed on IEP	Comments (also list any additional time such as team meetings, etc.)	Last An- nual Re- view Date	Disposition Moved Continue Dismissed	PT MD form on file
J Smith	4	3 hr/mo	Parent team on 4 th Thurs.	6/09		
K Jones	PK	4 hr/mo	2 hrs in class, 2 hrs in office	11/08		

SAMPLE

This form should include as much information as is necessary for someone to understand the workload. Keep students listed even if they've moved or been dismissed. By the end of the year, this form should reflect the total number of "bodies" who were seen for special education services.

Total number of students (current or continue in the fall)	
Total IEP hours required per week	
Approximate hours per week for SRBI, early intervention, etc.	
Approximate half days needed to handle the assignments	

See page 2 for additional Workload

Comments



Current Workload: _____ School _____ Provider Name:

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Additional Workload

Description	Time Needed	Comments
Preschool Language Group	30 minutes	The lesson is conducted to meet the needs of an identified student's IEP, but this group provides information about the whole class's speech and language development. Teachers meet 15 minutes to plan and review.
Child Study Team	1 hour/month	First Wednesday of each month. Participation is expected.

SAMPLE

This form should include as much information as is necessary for someone to understand the workload. Please keep a cumulative list of the activities that you do on a regular basis. You need not duplicate all the items that you typically list on your monthly billing log, but please be sure that this sheet captures the essence of the workload.

For example, if you typically spend 1 hour per month in Child Study Meetings, then you can list that here as a general item. Or, you may list specific meetings and the students involved.

Preschool Screening	2 hours per child App. 10 children per year.	When a PK student is referred, we must screen the student and write a short report. Time includes scheduling, confirming, assembling materials, and follow up.
Home Visits	2 hours per child	New students are visited at home. Take toys and paper for informal evaluation.



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Date:

Student Name	Grade this year	IEP Time** Exactly as listed on IEP	Comments (also list any additional time such as team meetings, etc.)	Last An- nual Re- view Date	Disposition Moved Continue Dismissed	PT MD form on file

Total number of students (current or continue in the fall)	
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See page 2 for additional Workload

Comments



CURRENT SCHEDULE

Name:

School:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
7:30 AM	-----				-----	7:30 AM
8:00 AM	Arrival					8:00 AM
8:30 AM	Any form that the therapist prefers may be substituted.					8:30 AM
9:00 AM	Please be sure that a sub would know where and when every student is to be seen.					9:00 AM
9:30 AM						9:30 AM
10:00 AM	PLEASE submit your daily schedule to RSG office when you make major changes (such as changing the schedule of the day that you are in a particular building, etc) and file a copy here.					10:00 AM
10:30 AM						10:30 AM
11:00 AM	This will also help to show whether sufficient time exists in the schedule.					11:00 AM
11:30 AM	You may use the form on the next page. You may wish to copy it before using so that you have a blank in the event of major revisions.					11:30 AM
12:00 PM	If you prefer, you may also compile one schedule that covers all your sites. Copy and file in each school's binder, but please block out names of those in other buildings.					12:00 PM
12:30 PM						12:30 PM
1:00 PM				sumu		1:00 PM
1:30 PM	Jennifer 3 Adamsin library			Jennifer 3 Adams		1:30 PM
2:00 PM	Eli 4Resoure Room			Eli 4		2:00 PM
2:30 PM	TEAM Meeting PRE K			Evaluation		2:30 PM
3:00 PM	TEAM MeetingPRE K			Jackie PreK Black		3:00 PM
3:30 PM	Departure 3:30			Departure 3:30		3:30 PM



CURRENT SCHEDULE

Name:

School:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
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Monthly Therapy Log Information

Please submit therapy logs during the first week of each new month. In some cases, these logs are necessary for EASTCONN to generate invoices for services provided. In all cases, logs are needed to document our services to students for a variety of purposes—IEP special education as well as the rest of the workload. These forms, along with the weekly schedule and the Current Workload forms, should enable anyone to understand the time that is needed to properly service the school. (Some districts require the billing logs before they pay for the service. Those who are paid hourly or who are independent contractors need to submit this log to assure proper payment.)

Several versions of the therapy log are permissible, depending upon your preferences and whether you prefer to complete logs on the computer or by hand. In all cases, please note the following:

- Enter Service Time exactly as listed on the IEP/504 Plan, or SRBI/CST/early intervention process, abbreviating as needed for space.
 - Examples: “1 hour per week” or “12 30 minute sessions per semester” or “3 hours direct, 1 hour consult per month” or “20 minutes per week”
 - Examples: “1 h/wk” or “12-30 m/sem” or “3 h D & 1 h C/mo” or “20 m/w”
 - Use the units of time you choose, but please make sure it’s clear to others.
- Please mark a code for each time the student is normally scheduled or when any time is devoted to that student.
 - The following codes require a time with them; (Ex: 30 m/D or 1 h /R)
 - D = Direct Service
 - E = Evaluation
 - C = Consultation with staff, parent; meetings (PPT, Team, etc)
 - R = Report Writing
 - SCR = Screening (may be used for individual student name or class/teacher)
 - The following codes are used when the student was not provided with therapy that was scheduled for that day:
 - SA = Student Absent
 - TA = Therapist Absent
 - SNA = Student not available (field trip, etc)
 - TNA = Therapist Not available
 - M = Meeting, such as RSG meeting, Professional Development or Seminars, on or offsite
 - NS = No school such as Holiday/Snow Delay/Early Dismissal, etc.
- Add as much detail as you like. Ex: “Attended ”
- **Be sure to total the student’s time across and total the time at the bottom of each day.** These figures will be helpful as we monitor whether the workload is appropriate or excessive for the days contracted/assigned. This is especially helpful when you document any additional duties that are not student specific (EX: open house, 2-4 pm)

Procedures for RSG Providers

As Related Services Providers, we are often the only professional in our discipline in a setting. As such, we are independent and have many decisions within our control. It has been our intent that, once contracted to a school, we blend into the fabric of the building and work within their structures and systems. At each site, we respect the culture of the school, knowing that there is much variability among schools.

In addition, we are always part of EASTCONN and must reflect our identity as part of the agency. We may be the first person from EASTCONN whom a parent or staff member meets, and therefore we need to maintain our agency identity.

In attempt to satisfy our individual circumstances, the needs of the schools and students we serve, and our need for consistency across some issues, the following information will help new and experienced staff members.

- Sign in and out of every site, every day. Some schools have more formal requirements than others, but this important for safety, not just accountability.
- Use EASTCONN letterhead for all reports and official communications. Please provide your business card when appropriate. (If you contribute to a report that is prepared by an interdisciplinary team, then your portion need not be separated by letterhead.) You may use preprinted letterhead or you may include the main EASTCONN logo in your computer documents.
- The LEA is the owner of the student records. We pass nothing from provider to provider that is not part of the special education file. You may include copies of the goals and objectives on the IEP as part of the RSG manual for each site, but be sure that this is kept in a secure location.
- There is much variability among the schools in terms of schedules and culture. Sometimes it's difficult, particularly when one is in several buildings each day.
 - Please be sure that you know all emergency procedures at each site and that your room is equipped with safety materials (gloves, etc.).
 - Please find out the school's routine for holding PPT meetings. Remember that you must provide written information, in advance, for any meeting that you will not attend according to IDEA.
 - Although you'll hear administrators and teachers use some phrases that may surprise you, please be sure that we at EASTCONN are always modeling a high standard. Please remember to use "person first" language in speaking and writing, even if others in the school refer to the "Downs student" or "the autistic boy."
 - Many of our Related Services activities require casual dress, so please remember that some schools have very distinct customs and policies, particularly for "dress down days" for and denim. We don't have a dress code, so follow the school custom as you see fit.

Physical Therapists: Physician Referral Form

Each student who is seen must have the original form in the LEA's file. Please file a copy in this manual.

Notes: We have modified the procedure in April 2008. Previously, all forms were completed by the PT, sent to Central Office for mailing; the physicians returned them to the Central Office. Forms were then copied, with one copy sent back to the PT, another filed at Hampton. Relevant issues were how to assure that physicians returned the form, whether Central Office really needs a copy, whether to return them to the school or to the PTs' homes. After discussion at several meetings, efforts of a focus group and suggestions from individual therapists, the following procedure is thus:

- **Complete a form for each student; forms are dated to run from mid-August to mid-August. You will probably want to make a copy for yourself in case the original is not returned.**
 - **Enclose a self-addressed, stamped envelope with each. Get labels or prepare them yourselves, but have them addressed to EASTCONN, 376 Hartford Turnpike, Hampton, CT 06247. Add "attention: ____" and indicate your name or initials.**
 - **Bring the forms to the RSG office for mailing or send them out from your schools; this is your preference.**
- **When the forms are returned to the RSG office, Peggy Roberts will gather the unopened envelopes for each therapist. You may choose whether you'll pick them up at the beginning of school or earlier in the summer.**
- **File the original with the LEA and place a copy in this manual, just after the caseload list.**

Please remember, the intent of this process is to document the legal requirements and to make transition smooth should a new provider assume the caseload either by planning or in an unforeseen circumstance.