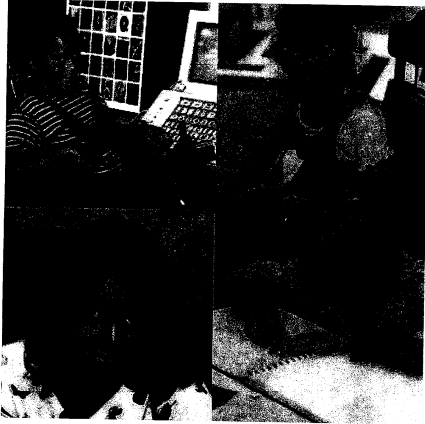


CERT Form Training Tool



SCRIPT

Considerations for Educationally Relevant Therapy (CERT)

Links to:

[Occupational Therapy](#)

[Physical Therapy](#)

This is one of many publications available through the Bureau of Exceptional Education and Student Services, Florida Department of Education, designed to assist school districts, state agencies which support educational programs, and parents in the provision of special programs.

Credits

Produced for the Bureau of Exceptional Education and Student Services by
Diane Wilkins Productions
Tallahassee, Florida

Special thanks to all district occupational and physical therapists and their assistants who participated in the writing and filming of the CERT video.

Copies of the CERT and the Evaluation of Functional Skills in the Educational Environment can be found on-line at the Department of Education Clearinghouse Information Center Web site:
<http://www.firm.edu/doe/commhome/pub-home.htm>

Or, for additional information on this publication, or for a list of available publications, you can contact the Clearinghouse at:

Clearinghouse Information Center
Room 628, Turlington Building
325 West Gaines Street
Tallahassee, Florida 32399-0400

Telephone: (850) 245-0477
SunCom: 205-0477
Fax: (850) 245-0987
E-mail: cicbiscs@fldoe.org

Questions concerning the content or use of the CERT can be directed to:

Elise Lynch, Program Specialist
Florida Department of Education
Bureau of Exceptional Education and Student Services

Telephone: (850) 245-0478
SunCom: 205-0478
E-mail: elise.lynch@fldoe.org

The CERT document was developed with the assistance of school-based occupational and physical therapists, educators, administrators, parents, and parent advocacy groups throughout the state of Florida.

Copyright
State of Florida
Department of State
2006

Considerations for Educationally Relevant Therapy (CERT) Form Training Tool SCRIPT

The Florida Department of Education recognizes and appreciates the hard work and long hours that school-based occupational and physical therapists put into Florida's schools. Your efforts play an integral role in realizing each student's academic goals.

In order to assist you, the Bureau of Exceptional Education and Student Services has produced this video to help therapists understand their requirements while providing services in the school setting.

In the 25 years that therapists have been providing school-based services, their emphasis has shifted from a medical approach to an educational one, as the original intent of the law was clarified. Based upon the acquisition of skills and adaptations needed by the student in order to benefit from special education, therapy services are now designed to meet the educational goals of the student as determined by the IEP team.

Considerations for Educationally Relevant Therapy, or CERT, is a document used to assist therapists in determining a student's need for occupational or physical therapy services in the school setting. The CERT is not an assessment tool but, rather, a summary of educational considerations based on a review of student records, evaluations, observations, progress notes, parent/teacher information, and other data.

The original CERT reporting system was created in 1984 to help physical and occupational therapists distinguish between an educationally relevant therapy model and a medical model. Mandated by federal and state laws, the role of related services, such as occupational and physical therapy, is to enable an exceptional education student to benefit from special education in order to receive a free appropriate public education.

The functional skills a student needs to perform in an educational setting are dependent on a variety of factors, including:

- The student's educational program
- Present level of functioning
- Diagnosis and
- Overall developmental and academic abilities

If a student is unable to complete appropriate instructional activities, assistance must be provided with the ultimate goal always focusing on student independence and the attainment of educational goals.

Therapeutic services in the educational environment should be viewed as a continuum of services. At one end of the continuum are simple adaptations such as pencil grips or cutout tables and services such as consultation. At the other end are intensive services including personal assistants and multiple therapies and services. At all levels along the continuum, research has shown that interventions embedded in class routines using functional life skills

increase the achievement of the IEP goals. The continuum should be flexible to accommodate a student's changing needs.

Working with teachers, parents, and the student, school-based therapists use available information to design intervention strategies that can be integrated into the student's daily routine.

The CERT outlines a student's need for educationally relevant therapy as determined by the school-based therapist in collaboration with the IEP team. Best practice would be to use the CERT with evaluations and re-evaluations at a minimum. Academic goals and objectives should be written for each student integrating OT/PT goals under independent functioning. These goals are reviewed by the IEP team annually. Annual review of goals will determine the necessity for changes in service type, duration, intensity, etc. Such reviews will guide the necessity for continuing, altering, or discontinuing the related service. The CERT may be a valuable tool in leading this discussion or assisting in consensus of the team.

The CERT form involves a two-step process. The first part of the process—completion of the Student Profile—occurs *before* the IEP meeting, at the conclusion of the initial evaluation, and during any re-evaluation. The second part of the process—completion of the Therapy Profile and lower portion of the Summary Sheet—occurs *at* the IEP meeting. Remember, the IEP team members, together, determine whether the expertise and intervention of an occupational or physical therapist is needed.

If the student has been evaluated by an occupational therapist *and* a physical therapist, then each therapist should complete a *separate* CERT form, filling in all sections based on their specific discipline and expertise.

The CERT is completed using multiple sources of information, including the results of student evaluations such as the *Evaluation of Functional Skills in the Educational Environment Assessment* developed by the Department of Education or other assessments, observations of the student in various educational settings, interviews with teachers and parents, and other relevant student records.

Now that we've given you some background on establishing educational goals for exceptional students and the role that occupational and physical therapists play in realizing these student goals, let's take a closer look at the CERT document itself. [See sample copy attached.]

The CERT consists of a Summary Sheet, Student Profile Sheets, and a Therapy Profile Sheet. The Summary Sheet contains one section that is completed before the IEP meeting, with the remainder completed at the IEP meeting. The Student Profile section of the CERT summarizes the student's performance in five areas of school-related functions: personal care, mobility, gross motor, fine and visual motor, and sensory processing. These five areas are more fully described on pages two and three of the CERT.

The Summary Sheet also contains information from the student's priority educational needs, information from the Therapy Profile, and recommendations for therapy.

Let's take a closer look at each of the five areas addressed in the Student Profile section.

Personal Care refers to the management of personal needs and equipment within the educational environment.

Examples of personal care include:

- Obtaining food from the cafeteria or lunch box
- Use of utensils for feeding
- Dressing and undressing
- Toileting, and
- Washing hands

Mobility refers to safe and adequate movement with or without equipment or devices.

Examples of this include:

- Boarding, riding, or exiting a school bus
- Ascending or descending stairs
- Maneuvering throughout the school campus or other places in the community in a safe and efficient manner. This movement may involve:
 - Even and uneven surfaces with or without assistance devices
 - Carrying school materials such as a backpack or lunch tray
 - Opening and closing doors
 - Transferring to and from the floor
 - Use of chairs or toilet seats, and
 - Accessing age-appropriate playground equipment

Gross Motor skills are developmental motor skills, positioning equipment, and/or static and dynamic balance needed to participate in the educational environment. Examples of gross motor skills include:

- Changing or maintaining appropriate positioning
- Static and dynamic sitting balance
- Static and dynamic standing balance
- Participation in physical education activities, and
- Bilateral integration and coordination

Fine motor skills include visual perception, visual motor, and fine motor skills needed to manipulate and manage materials within the educational environment. Examples of fine or visual motor skills include:

- Grasping and the use of tools such as writing instruments, utensils, and scissors
- Manipulation of objects
- Management of fasteners such as buttons, snaps, and zippers
- Coordinated bilateral hand use, and
- Visual-motor integration or eye-hand coordination

Sensory Processing refers to body awareness and sense of movement, sensory perception, exploration, and interaction with others during play and work activities within the student's educational environment. Sensory processing deficits may be observed in situations where the student is asked to:

- Explore various stimuli by touching or smelling
- Walk in line
- Play with other students

- Tolerate sounds
- Tolerate movement

Please note that physical therapists can and should look at sensory processing.

Next, let's take a look at the steps involved in completing the Student Profile section of the CERT. The Student Profile is completed by school-based therapists prior to the IEP meeting using information obtained from student records, evaluations, observations, parent-teacher input, and other data along with the therapist's professional knowledge.

For each of the five areas of the Student Profile, the CERT document contains a description of four levels of student ability along a continuum.

The therapist must read each descriptor carefully before choosing the level which best describes the present level of performance and support. The therapist then interprets these descriptors within the context of the student's educational environment. The description does not have to match the student *completely* in order to be selected. Rather, the score should reflect the best description of the overall functional ability of the student in that category. A double asterisk (**) indicates that the student's needs are being addressed through the classroom curriculum or other existing services—including assistance by school staff—and no additional services are necessary.

Scores from each of the five areas are recorded in the Student Profile section of the Summary Sheet and then added to show the total score.

In the Source of Information and Additional Comments column, specific tools used for evaluation should be identified and written down.

The therapist completing the Student Profile should sign and date this section, leaving no sections blank.

Only the Student Profile section of the Summary Sheet may be completed prior to the IEP meeting. During the IEP meeting, the occupational and/or physical therapist will complete the Therapy Profile section of the Summary Sheet based upon the input of the IEP team. It is important for the entire IEP team to provide input for the completion of the CERT. The occupational and/or physical therapist should complete the form during the IEP team process. Remind the team that their input is important. Discussing what other resources and needs are available may affect the needed frequency of the service.

At the IEP meeting, the team discusses the student's priority educational needs, goals and objectives. Based upon the student's goals and objectives, as determined by the team, they can then determine if the student's goals and objectives require the support of an occupational or physical therapist. At this time, the therapist records the student's priority educational goals and objectives that require the support of an occupational and/or physical therapist on the CERT Summary Sheet.

The next section of the CERT form, the Therapy Profile, describes factors in five areas that commonly influence the effectiveness of therapy services.

Having reviewed the student's record, the therapist should go to the meeting knowing the number of years of educationally relevant service the student has received. Then the therapist should thoroughly read each column and choose the column that best describes the following information:

- The number of years the student has received *educationally relevant* therapy
- The student's potential response to educationally relevant therapy
(To determine potential response, consider the student's current performance level and determine if therapy services are needed to support the IEP goals and objectives.)
- The student's ability to access their learning environment, including the need for community-based instruction with or without modifications or accommodations required, and any recommended assistive technology
- In determining the therapy services, the IEP team should consider the amount of support needed to meet the student's educational goals, recognizing that no one service delivery model is better than the other. Rather, therapy services are a continuum. The IEP team must keep in mind that therapy works toward a functional outcome that meets the student's goals.
- Support services to be provided to school staff and/or parents, including the amount of training needed by teachers or parents to follow through on the student's educational program and whether or not trained school personnel can assist with adaptive equipment and techniques throughout the school day

The scores from each of the five areas in the Therapy Profile are then recorded on the Summary Sheet in the Therapy Profile section. The scores are added together and the total recorded in the appropriate box.

In the Sources of Information and Additional Comments section, the therapist should include parent or teacher input and other information shared at the IEP meeting.

The therapist completing the Therapy Profile should sign and date this section, ensuring that no sections are left blank.

The IEP team—including the occupational and/or physical therapist—can now proceed with a *Recommendation for Therapy Services*.

The grid at the bottom of the CERT form is designed to assist in determining if therapy services are indicated and, if they are, the frequency at which therapy should occur.

Using the score derived from the Student Profile Section, place an **X** over the range that contains the student's score on the top row of the grid.

Using the score derived from the Therapy Profile section, place an **X** over the range that contains the student's score on the first column of the grid.

Draw a line down from the student profile score and across from the therapy profile score. The

point where the lines intersect indicates a recommended frequency of therapy.

The therapist who attends the IEP meeting must sign this section.

For purposes of this video, we are providing the following examples as guidelines for the therapist to use in interpreting the scoring grid:

- **Services are not indicated** when the student is self-reliant and functional in the educational environment or the student's needs are addressed by the classroom curriculum or other existing services, which may include any assistance provided by school staff.
- **Periodic Services** include environmental or equipment modifications and training and/or consultation with parents and/or school staff. Examples of therapy frequency at this level include once a month, twice a grading period, or once a semester.
- **Regular Services** include specific therapeutic strategies, environmental or equipment modifications, and training or collaboration with parents and school staff. Examples of therapy frequency include twice a month, once a week, or less than 45 minutes per week.
- **Intensive Services** include intensive therapeutic strategies, multiple environmental or equipment modifications, implemented throughout the day with classroom participation, and training of parents and/or school staff. Examples of therapy frequency include one or two times a week or less than 60 minutes per week.

Notes, such as a difference in the professional judgment of the therapist and the IEP team's recommendation, should be noted on the comment section of the form.

According to the Individuals with Disabilities Education Act, the role of a related service, such as occupational or physical therapy, is to enable the student to benefit from special education in order to receive a free appropriate public education. Occupational and physical therapists, along with other IEP team members, determine the need for educationally relevant therapy.

Considerations for Educationally Relevant Therapy
OCCUPATIONAL AND PHYSICAL THERAPY SUMMARY SHEET

Student: _____ D.O.B.: _____ School District: _____

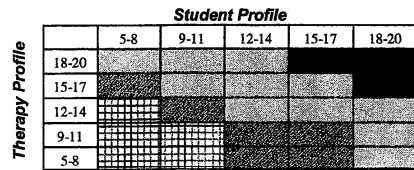
ESE Program(s): _____ Related Service(s): Occupational Therapy Physical Therapy

		Points	Sources of Information and Additional Comments
Student Profile	Personal Care		
	Mobility		
	Gross Motor		
	Fine Motor/Visual Motor		
	Sensory Processing		
Total Points:		Completed by:	Date:

To be completed at IEP meeting

According to 34 CFR 300.24, related services such as occupational and physical therapy are provided to assist the student with a disability to benefit from special education. The student's priority educational needs and goals and objectives identified on the IEP that require the support of an occupational therapist or physical therapist are: _____

		Points	Sources of Information and Additional Comments
Therapy Profile	Number of Years Student Has Received Educationally Relevant Therapy		
	Potential Response to Educationally Relevant Therapy		
	Student's Learning Environment		
	Therapy Services to Be Provided to Student		
	Support Services to Be Provided to School Staff/Parents		
Total Points:		Completed by:	Date:



Recommendation for Therapy Services

Place an X on the horizontal axis to reflect the score on the Student Profile. Place an X on the vertical axis to reflect the score on the Therapy Profile. The point where the axes intersect indicates a recommended frequency of therapy.



____ Therapist's Signature _____ Print Therapist's Name

- ____ Occupational therapy is indicated.
____ Physical therapy is indicated.

The recommended frequency of therapy is:

____  periodic. ____  regular. ____  intensive.

The IEP team recommendation is:

- ____  Occupational therapy is not indicated.
____  Physical therapy is not indicated.

Comments: _____

Student Profile

Personal Care – management of personal needs and equipment within the educational environment			
1	2	3	4
<p>Student demonstrates adequate dressing/undressing, hygiene, self-feeding skills, or oral motor skills with/without present equipment or devices.</p> <p>Student demonstrates adequate personal care skills using equipment/devices.</p> <p>**</p>	<p>Student requires supervision/ prompts for dressing/undressing, hygiene, self-feeding, or oral motor skills.</p> <p>Student requires supervision/ prompts to use personal care equipment/devices.</p>	<p>Student requires physical assistance or specific strategies for dressing/undressing, hygiene, self-feeding, or oral motor skills.</p> <p>Student requires multiple equipment /devices and needs physical assistance.</p>	<p>Student requires intensive training by therapist to facilitate emerging dressing/undressing, hygiene, self-feeding, or oral motor skills.</p> <p>Student requires multiple equipment/devices and needs intensive training by therapist in use of devices.</p>
Mobility – safe and adequate movement, (e.g., transfers, transitions between positions or locations, the ability to navigate architectural barriers) within the educational environment			
1	2	3	4
<p>Student demonstrates adequate mobility with present equipment or devices.</p> <p>Student demonstrates adequate mobility without equipment or devices.</p> <p>Student demonstrates adequate transfer and transition skills.</p> <p>**</p>	<p>Student uses equipment or devices for mobility with supervision/prompts.</p> <p>Student requires supervision/ prompts for safe and adequate mobility.</p> <p>Student requires supervision/ prompts to complete transitions/transfers.</p>	<p>Student requires physical assistance or specific strategies to use equipment for mobility.</p> <p>Student requires physical assistance or specific strategies for safe and adequate mobility.</p> <p>Student requires physical assistance or specific strategies to complete transitions/transfers.</p>	<p>Student requires intensive training by therapist in specific strategies for new equipment.</p> <p>Student requires intensive training by therapist to demonstrate emerging mobility skills.</p> <p>Student requires intensive training by therapist to demonstrate emerging transition/transfer skills.</p>
Gross Motor – developmental motor skills, positioning equipment, and/or static/dynamic balance needed to participate within the educational environment			
1	2	3	4
<p>Student can assume, maintain, or change positions needed for participation.</p> <p>Student demonstrates adequate gross motor skills needed for participation.</p> <p>Student demonstrates adequate use of equipment/ positioning devices for gross motor skills.</p> <p>**</p>	<p>Student requires supervision/ prompts to assume, maintain, or change positions.</p> <p>Student requires supervision/ prompts to perform gross motor skills.</p> <p>Student requires supervision/ prompts to use equipment/ positioning devices for gross motor skills.</p>	<p>Student requires physical assistance and/or specific strategies to assume, maintain, or change positions.</p> <p>Student requires physical assistance or specific strategies to perform gross motor skills.</p> <p>Student requires physical assistance and/or specific strategies to use equipment/ positioning devices for gross motor skills.</p>	<p>Student has emerging skills and requires intensive training by therapist to assume, maintain, or change positions.</p> <p>Student requires intensive training to perform gross motor skills.</p> <p>Student requires multiple trials of positioning equipment to access the educational environment.</p>

Student Profile

Fine Motor/Visual Motor – visual perception, visual motor, and fine motor skills needed to manipulate and manage materials within the educational environment			
1	2	3	4
<p>Student demonstrates adequate visual perceptual and/or visual motor skills.</p> <p>Student can manipulate objects/tools/adaptive devices.</p> <p>**</p>	<p>Student requires supervision/prompts to perform visual perceptual and/or visual motor skills.</p> <p>Student requires supervision/prompts to manipulate objects/tools/adaptive devices.</p>	<p>Student requires physical assistance and/or specific strategies to perform visual perceptual and/or visual motor skills.</p> <p>Student requires physical assistance and/or specific strategies to manipulate objects/tools/adaptive devices.</p>	<p>Student requires intensive training by therapist to perform visual perceptual and/or visual motor skills.</p> <p>Student requires intensive training by therapist to demonstrate emerging manipulation of objects/tools/adaptive devices.</p>
Sensory Processing – body awareness and sense of movement, sensory perception, exploration, and interaction with others during play and work activities within the educational environment			
1	2	3	4
<p>Student tolerates movement, touch, textures, sights, sounds, and smells occurring in the educational environment. Student seeks appropriate sensory input.</p> <p>Student adequately uses suggested techniques for self-regulation.</p> <p>Student is able to make choices, organize, motor plan, and initiate tasks.</p> <p>**</p>	<p>Student requires supervision/prompts to tolerate touch, textures, sights, sounds, and smells or to seek appropriate sensory input.</p> <p>Student requires supervision/prompts to utilize suggested techniques for adequate self-regulation.</p> <p>Student requires supervision/prompts to make choices, organize, motor plan, and initiate tasks.</p>	<p>Student requires physical assistance and/or specific strategies to tolerate movement, touch, textures, sights, sounds, and smells or to seek appropriate sensory input.</p> <p>Student requires physical assistance and/or specific strategies to utilize suggested techniques for adequate self-regulation.</p> <p>Student requires physical assistance and/or specific strategies to make choices, organize, motor plan, and initiate tasks.</p>	<p>Student requires intensive interventions by therapist to tolerate movement, touch, textures, sights, sounds, and smells or to seek appropriate sensory input.</p> <p>Student requires intensive training by therapist to use suggested techniques for self-regulation.</p> <p>Student requires intensive training by therapist to make choices, organize, motor plan, and initiate tasks.</p>

** Student's needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.

Therapy Profile

Number of Years Student Has Received Educationally Relevant Therapy			
1	2	3	4
More than 8 years of therapy	5 to 8 years of therapy	3 to 5 years of therapy	Less than 3 years of therapy
Potential Response to Educationally Relevant Therapy			
1	2	3	4
Student is expected to function in the educational environment without therapy services.	Student is expected to maintain current level of performance with periodic therapy services in the educational environment.	Student is expected to make progress towards educational goals with therapy services.	Student is expected to make significant progress towards educational goals with therapy services.
Student's Learning Environment			
1	2	3	4
Student is able to access the learning environment with/ without use of compensatory skills or modifications.	Periodic review or modification of the student's learning environment, including community-based instruction sites, is necessary.	Regular review or modification of the student's learning environment, including community-based instruction sites, is necessary.	Extensive review or modification of the student's learning environment, including community-based instruction sites, is necessary.
Therapy Services to Be Provided to Student			
1	2	3	4
Student does not require intervention by the therapist once suggested modifications are in place. Student does not require intervention by the therapist to access and benefit from special education.	Student requires periodic support from the therapist to benefit from special education.	Student requires regular support from the therapist to benefit from special education.	Student requires extensive support from the therapist to benefit from special education as student's educational needs are frequently changing.
Support Services to Be Provided to School Staff and/or Parents			
1	2	3	4
Staff/parents do not require therapist involvement to establish a program and select adaptive equipment, techniques, or routines.	Staff/parents require periodic therapist involvement and/or training to establish a program and select adaptive equipment, techniques, or routines.	Staff/parents require regular therapist involvement and/or training to establish a program and select adaptive equipment, techniques, or routines.	Staff/parents require intensive therapist involvement and/or training to establish a program and select adaptive equipment, techniques, or routines.

**Considerations for Educationally Relevant Therapy
for
Occupational Therapy and Physical Therapy**
(CERT-Revised 7/04)

The *Considerations for Educationally Relevant Therapy (CERT)* has been developed to assist occupational therapists (OTs) and physical therapists (PTs) working in the educational environment in determining the need for educationally relevant therapy in the schools. The *CERT* is **not** an evaluation or assessment instrument. It is a summary of educational considerations based on a review of student records, evaluations, observations, parent/teacher information, and other data.

According to 34 CFR 300.24, the role of a related service, such as occupational or physical therapy, is to enable the student to benefit from special education in order to receive a free and appropriate public education (FAPE). The OT and/or PT along with the individual educational plan (IEP) team, determines the need for educationally relevant therapy.

The emphasis of school-based services provided by OTs and PTs has shifted over the years from a medical approach to an educational approach. The functional skills a student needs to perform in the educational setting are dependent on a variety of factors, including the student's diagnosis; present level of function; educational program; and overall developmental, cognitive, and academic abilities. Medical therapy concerns such as improving range of motion, strengthening, improving swallowing, or preventing contractures may affect a student's ability to accomplish the educational goals, *but are not the specific goals*. Likewise, sensory processing deficits, attention deficits, or physical impairments are not reasons, in themselves, to provide therapy services. The impairment must be linked to the student's inability to achieve educational goals and objectives on the IEP.

Therapy in the educational environment should be viewed as a continuum of services that encompasses a variety of service delivery models and intervention strategies. Research has shown that interventions embedded in class routines using functional life skills increase the achievement of IEP goals and motivation needed for participation in the general education curriculum. The knowledge and expertise of an OT and/or PT can be utilized to determine and design intervention strategies that can be integrated into a student's daily routine and implemented by school-based personnel. The student's needs may vary from year to year and are dependent on multiple factors, including the student's present level of performance, overall development, and educational program.

Directions for Completing the CERT

The CERT includes a **Summary Sheet**, a **Student Profile**, and a **Therapy Profile**. Information from the **Student Profile** and **Therapy Profile** is recorded on the **Summary Sheet** in the appropriate sections. The following is a description of each part of the CERT.

The **Student Profile** describes student performance in five areas of school-related functions: Personal Care, Mobility, Gross Motor, Fine Motor/Visual Motor, and Sensory Processing. Within each area, there is a continuum based on student ability. The *Student Profile* is completed after a review of student records, evaluations, observations, parent/teacher information, and other data. The therapist should thoroughly read each paragraph before choosing the column that best describes the student's abilities and current level of support. A therapist interprets the descriptors within the context of the student's educational environment. The points from each of the five areas are recorded in the *Student Profile* section of the **Summary Sheet**. Specific evaluation tools should be noted in the *Sources of Information and Additional Comments* section. The date the Student Profile is completed should be recorded.

The **Therapy Profile** describes factors in five areas that commonly influence the effectiveness of therapy services. These areas include number of years the student has received educationally relevant therapy, the student's potential response to educationally relevant therapy, the student's learning environment, therapy services to be provided to the student, and support services to be provided to school staff and/or parents. The therapist should thoroughly read each column and, after collaborating with the IEP team, choose the column that best describes the student's learning environment, current level of support, and potential response to educationally relevant therapy. The points from each of the five areas are recorded in the *Therapy Profile* section of the **Summary Sheet**. The *Sources of Information and Additional Comments* section should include parent/teacher input and other information shared at the IEP team meeting.

The **Summary Sheet** includes information from the **Student Profile**, the student's priority educational needs, IEP goals and objectives, information from the **Therapy Profile**, and *Recommendation for Therapy*. All information, except the *Student Profile*, should be completed at the IEP meeting by the school-based therapist. Based on the student's priority educational needs and goals/objectives, the IEP team should then determine if the expertise and intervention of an OT and/or PT is needed.

A recommended frequency of therapy can be derived by completing the grid at the bottom of the **Summary Sheet**. Place an X on the horizontal axis of the *Student Profile* that corresponds with the total points. Place an X on the vertical axis of the *Therapy Profile* that corresponds with the total points. The point where the axes intersect indicates a recommended frequency of therapy. The following descriptors are guidelines for the therapist to use in interpretation of the scoring grid.

Services are not indicated when the student is self-reliant and functional in the educational environment or the student's needs are addressed by classroom curriculum or other existing services (which may include total assistance by school staff).

Periodic Services may include documented environmental or equipment modifications and training and/or consultation with parents and/or school staff. Examples of frequency of therapy are one time per month, twice per grading period, or once per semester.

Regular Services may include specific therapeutic strategies, environmental or equipment modifications, and training and/or collaboration with parents and/or school staff. Examples of frequency of therapy are two times per month, once per week, or 30-45 minutes per week.

Intensive Services may include intensive therapeutic strategies, multiple environmental or equipment modifications, and training of parents and/or school staff. Examples of frequency of therapy are one to two times per week or 45-60 minutes per week.

The IEP team proceeds with a *Recommendation for Therapy Services* on the **Summary Sheet**. Comments should be noted if the professional judgment of the therapist differs from the IEP team's recommendation.

If both an OT and PT have evaluated the student, each school-based therapist, based on his or her area of expertise, should complete all sections of the CERT on separate forms.