

## Therapy Services in Schools

If your child is in special education, he or she may be eligible to receive therapy services through the school district. Therapies that students receive in schools are considered “related services” under the [Individuals with Disabilities Education Act \(IDEA\)](#). “Related services” include a wide variety of developmental, corrective, and other supportive services provided as needed to enable a child to benefit from special education. These services include, but are not limited to:

- Speech-language pathology
- Audiology services
- Interpreting services
- Psychological services
- Physical therapy
- Occupational therapy
- Recreation therapy
- Early identification and assessment
- Counseling services
- Orientation and mobility services
- Medical services (only to diagnose or evaluate a student’s disability)
- School health and school nurse services
- Social work services
- Parent counseling and training
- Rehabilitation services, including vocational rehabilitation programs
- Transportation, including specialized equipment (adapted buses, lifts, ramps, etc.)

Your child must have an Individualized Education Program (IEP) in order to receive school-based therapies or other related services. The only exception is speech therapy, which is considered an “instructional service” as well as a special education support service. It is important to know that school-based therapies are not selected by parents from a “menu” of available services. Likewise, the services a student receives are not based on his or her disability label.

Related Services are decided upon by the ARD committee based on a formal [assessment](#) of the student’s individual needs.

The most common therapies provided by schools are speech/language therapy, occupational therapy (OT), and physical therapy (PT). School-based speech and language services are provided to help the child improve articulation, communication and comprehension in the classroom. School-based OT and PT services are directed at improving fine and gross motor skills to help students’ better function, maneuver and participate within their educational settings. Other school-based therapy services may include (but are not limited to) music therapy, recreation therapy, art therapy, and orientation and mobility training.

## How much, how often, and where: Who decides?

Decisions about a student's need for therapy services are made by the ARD committee. These decisions are based on a formal [evaluation](#) and recommendations by school's related-service personnel (the speech therapist, occupational therapist, etc.). Details about the therapy services a student will receive are documented in the "Related Services" section of the IEP paperwork.

Your IEP paperwork requires a statement of the "projected date for the beginning of the services." The IEP also states the "anticipated frequency, location, and duration" of services that will be provided:

- *Frequency* refers to how often the service will be provided (daily, weekly, etc.).
- *Duration* states how long the services will be provided. The beginning and ending dates must be specified, as well as the length of each session (15 minutes, 30 minutes, etc.).
- *Location* identifies the place where the service will be provided (in the classroom, on the playground, in the therapist's office, etc.).

The IEP will contain a statement of whether the therapy will be delivered as a "direct" service or an "indirect" (or "consultative") service. Direct services are delivered one-on-one or in a small group, often in a pull-out situation. Indirect services are a collaborative effort, whereby a qualified therapist provides expertise and recommendations to the student's teacher, paraprofessionals and parents who then follow through in the child's classroom or home.

Because services differ from one district to another, be sure to ask questions until you are satisfied that you understand exactly what your child's services will look like. Some good questions to ask would be:

- Where exactly will the services be delivered – in the classroom, in the resource room, etc.?
- Are direct services delivered "one-on-one" or in a small group?
- How many students will be in the "small group" – three students, five students, or the entire classroom?

Be sure to have these details documented in the minutes of the ARD meeting so that you are absolutely certain how your child's in-school therapies will be delivered.

Related-service personnel are not required to attend an ARD meeting unless their area of service is being discussed within the meeting. If related services are being modified or discussed in the ARD/IEP meeting, you must agree to the provider's absence, and the related service personnel should provide you with written input before the meeting. Or you may request a pre-ARD meeting. This would give you a chance to review recommendations and ask questions of the therapist without feeling pressured to make a snap decision. You and the school must agree in writing to their absence.

## Who pays for school-based therapy?

School districts may not charge parents for the costs of related services that have been included in the child's IEP. The school receives federal, state and local funding to cover the costs of these services so that the child may receive a Free and Appropriate Public Education (FAPE) as required by law.

If your child has Medicaid or private insurance, you may be asked for written consent allowing the school to bill Medicaid/private insurance for therapy services that the school provides. This consent is only required the first time the school accesses Medicaid or other insurance. In Texas, this Medicaid program is called the [School Health and Related Services \(SHARS\)](#) program. Parents should understand that allowing the school to charge for their child's in-school services does not in any way minimize any Medicaid services the child receives outside of school. Parents will need to check to insure that their private insurance is not impacted (lifetime caps, etc.). In order to give fully informed consent, a school should be able to tell a parent the consent is for a specified amount of services over a specific time period. Parents are **not** obligated to agree to consent for billing Medicaid or Private Insurance.

## School-based therapy vs. medical-based therapy

Parents should note that school-based therapies are not a substitute for more intensive medical-based therapies. Many students receiving school-based therapies also get private therapy outside of school. School-based therapies are supportive services that a student needs in order to learn. Medical-based therapies are delivered through private therapy centers, hospitals, or clinics to address issues related to the student's disability. Private therapies are paid for by the family, insurance, Medicaid or other social service programs. It is important for parents to realize that the level of school based services will not match that of those services provided in a medical model.

For example:

- A child with Down Syndrome may receive speech therapy in school to address speech delays that may interfere with classroom participation. The same child may see a private speech/language pathologist for oral motor impairments that compromise his or her chewing and swallowing.
- A child with Cerebral Palsy may receive school-based OT/PT that addresses seating and positioning in the classroom. This student may also see a private physical therapist that is specially trained in medical techniques to relieve muscle spasticity and improve his or her quality of movement.

The IDEA states specifically that school-based therapy and medical services “do not include a medical device that is surgically implanted.” For example, schools are not responsible for inserting or replacing cochlear implants for a student with a hearing loss. However, students who have cochlear implants may be eligible for school-based speech therapy as well as “accommodations,” such as priority seating in the classroom, or “assistive technology,” such as an FM amplification system. (For more about

cochlear implants and hearing aids, read [Opening Doors: Technology and Communication Options for Children with Hearing Loss](#) by the U.S. Dept. Of Education.)

## **What Parents need to know**

Sometimes parents feel that indirect services are “watered down” and not as effective as direct services. They may also feel that when it comes to therapy “more is better.” However, research shows that in many cases, students can receive the greatest benefit from a team approach to services delivered in the child’s “real life” environment. They also benefit from opportunities to interact with their peers through fun and play. When backed by a committed team, quality therapy services carried out in an inclusive environment (in the classroom or on the playground) better enables students to generalize the benefits of therapy to everyday life.

Many parents have candidly observed that their child’s best “therapists” are their peers. Children learn best through play, and they are motivated by natural interactions with their friends and classmates. The classic example is a child being taught to climb a short stack of therapy chairs that lead to a dead-end platform at the top: The same child would be much more motivated to climb the “real life” stairs leading up to the playground slide. Parents are encouraged to keep this in mind when considering how, how much and where therapy services should be delivered.

Parents are also encouraged to “think outside the box” when it comes to setting therapeutic goals, and to consider “accommodations and modifications” and “[assistive technology](#)” in combination with therapy services. Let’s say a student has been working with an occupational therapist throughout elementary school to learn handwriting, but has seen little improvement: At this point the ARD committee may consider refocusing the student’s OT goals to include keyboarding and to allow the student to use the computer for written assignments. It is not beneficial for the student to get stuck on a single goal if it keeps him or her from moving forward in other areas.

As students move into High School, don’t forget to think about related services in the transition process. See our article on that topic.

Remember any therapy services must be based on the student’s individual needs, which are determined through evaluation or data collection by the ARD Committee.

## **What to do if you disagree**

Always remember that you, as a parent, are an important member of the ARD committee and your input should be considered in the decision-making process. If you [disagree](#) with a recommendation or a denial for therapy services, it is within your rights to challenge that decision. Recommendations for and dismissal from related services must be based on a formal assessment by a qualified therapist or diagnostician. If you have questions or disagree, ask (in writing) to see data that supports the decision to recommend or deny services. You may also request an outside evaluation paid for by

the school. The school is obligated to consider recommendations made by an outside evaluator. For more information on what to do when you disagree with an evaluation, see our information on [Independent Educational Evaluations](#).

If you get to the ARD meeting and still disagree, do not sign “agree.” A 10-day recess can always be called to give families (and/or schools) the opportunity to gather more information – or seek an outside evaluation – before making a final decision.

## **Compensatory services**

Regardless of how the services are delivered, the keys to effective in-school therapy are quality, consistency and follow-through. It is recommended that parents keep a log of the dates and times that the student receives therapy throughout the school year to ensure that he or she is receiving the services necessary to support his or her educational goals.

Schools are required by law to provide therapy services exactly as they are documented in the IEP. Schools cannot use personnel shortages, absences or lack of funding to deny services. If the school fails to deliver services as documented in the IEP, the child may be eligible to receive “compensatory” services, including make-up services in the summer or private therapy paid for by the school. Parents will need to follow the procedural safeguards – For More information, see the [Dispute Resolution Overview](#).

By communicating with the therapist throughout the year rather than just at an ARD meeting, you may be able to ensure that your child’s services are provided as documented in the IEP.

## **Additional Resources:**

### [Disability Resources](#)

Legal Framework for the Child Centered Process –

- [ARD Committee Membership](#)
- [Consent to Excuse a Member from an ARD Meeting](#)

Related Services & Transition

[School Health & Related Services](#) – Includes a Frequently Asked Question document

### [Texas Education Agency Programs & Services](#)

- Related Service Q&A Document
- Documenting Frequency, Location & Duration of Related Services

[Disability is Natural](#) articles surrounding Therapy Services that may help families think differently about services.