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## Administrators' Perspectives on Successful Implementation of Occupational Therapy Services in the School-Based Setting

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Administrators' Perspectives on Successful Implementation of Occupational Therapy Services in the  
School-Based Setting

Presented in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Occupational Therapy

Eastern Kentucky University  
College of Health Sciences  
Department of Occupational Science and Occupational Therapy

Suanne Waldron  
2024

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## Executive Summary

**Background:** Best practice for school-based occupational therapy (SBOT) alludes to collaboration, consultation, and in-context services in utilizing occupational therapy's expanded roles to best meet the needs of students. Research supports the workload model as an effective means of maximizing student outcomes and addressing the needs of all students. Many studies explore teacher and occupational therapist perspectives on collaboration, barriers, and facilitators to implementing best practice and a workload model. However, little is reported regarding administrators' perspectives in these areas.

**Purpose:** This capstone study focused on identifying administrators' perceptions of valued, effective, and successful occupational therapy (OT) services in their districts. This study sought to add to existing research regarding how OT services could best be utilized and implemented in the school-based setting to effectively support students and teachers and align with federal legislation and OT scope of practice.

**Theoretical Framework:** Two theoretical frameworks, the PEO model and social constructivism, were employed to analyze the factors influencing administrators' roles and their perspectives on OT services.

**Methods:** A descriptive survey design was used for data collection. An anonymous online survey was distributed across one hundred and twenty-five public school districts within a given geographic area. The invitation to participate in the survey included the link to the survey, which consisted of twenty-two Likert scale and rank order questions. The researcher aimed to gain knowledge of administrators' understanding, perspectives, and implementation of OT in the school-based setting as outlined in federal law.

**Results:** Out of 67 participants consenting to the survey, 29 surveys were completed. Many participants reported familiarity with the role of occupational therapy as outlined through the Individuals with Disabilities Education Act (IDEA) (100%, n=29) and Every Student Succeeds Act (ESSA) (97%, n=28). Additionally, 50% (n=14) stated they currently use a workload model for the implementation of OT services, and 83% (n=24) indicated that OT services were embedded effectively in their district. These values were inconsistent with the reported utilization of occupational therapists throughout the three tiers of the Multi-Tiered System of Support (MTSS) and the reports of the perceived value and effectiveness of occupational therapy services. Direct services were perceived as most successfully implemented (97%, n=28) and effective (38%, n=11), primarily supporting a caseload medical model. Furthermore, 22 participants (75%) ranked administrative support as a top five factor impacting the successful implementation of OT services.

**Conclusion:** The outcomes of this study emphasize the importance of school-based occupational therapists taking the initiative to educate administrators about the full scope of occupational therapy. By advocating for a workload model and the integration of occupational therapy services at all Tiers throughout MTSS, therapists can ensure that all students receive the support they are entitled to under federal laws.

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**EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

**CERTIFICATION OF AUTHORSHIP**

Submitted to (Faculty Mentor's Name): Dr. Shirley O'Brien  
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Title of Submission: Administrators' Perspectives on Successful Implementation of Occupational  
Therapy Services in the School-Based Setting

*Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.*

Student's Signature: Suanne Waldron

Date of Submission: November 4, 2024

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## **Section 1: Nature of the Problem/Problem Identification**

### **Introduction**

The current trend in school-based practice (SBP) is the shift in staffing models from a caseload to a workload service delivery model to better align with the intent of federal legislation for service delivery in school contexts. This involves a decrease in direct, one-to-one services to a model that encourages occupation-based interventions embedded in the child's natural environment, the classroom, and encourages occupational therapists (OTs) to be involved in more collaborative and consultative services (Corley et al., 2023; Garfinkel & Seruya, 2018; Ratzon et al., 2009; Seruya & Garfinkel, 2020; Woltmann & Camron, 2009). The workload service delivery model is reflected in the literature highlighting occupational therapy's expanded roles supporting best practice and aligning with the Occupational Therapy Practice Framework, 4<sup>th</sup> edition (OTPF-4), the Individuals with Disabilities Education Act (IDEA), the Every Student Succeeds Act (ESSA), Section 504 of the Rehabilitation Act of 1973, and the American Occupational Therapy Association's (AOTA) guidelines for occupational therapy's role in schools (AOTA, 2017a; AOTA, 2020b; Corley et al., 2023; Garfinkel & Seruya, 2018; Individuals with Disabilities Education Improvement Act, 2004; Phoenix et al., 2021; Ray et al., 2022; Section 504 of the Rehabilitation Act of 1973, 2008; Watt et al., 2021). A review of the literature revealed research discussing, comparing, and contrasting caseload versus workload service delivery models. Studies support the workload model as positively impacting student outcomes and preferred by therapists, and collaboration was identified as valuable and preferred by therapists and school personnel (Bolton & Plattner, 2020; Edick et al., 2023; Garfinkel & Seruya, 2018; Phoenix et al., 2021; Ratzon et al., 2009; Ray et al., 2022; Watt et al., 2021). Seruya and Garfinkel (2020) explored practice patterns to better understand what prevents the

workload model's successful implementation. Laverdure et al. (2017) developed “quality indicators” and “key principles” as a tool to measure competency and assist OTs in their expanding role in school-based practice. Despite the evidence-based research supporting expanded roles, most OTs continue to provide direct, 1:1 service from a caseload staffing model (Ray et al., 2022; Seruya & Garfinkel, 2020). Studies have identified obstacles such as administration/teacher resistance, caseload burdens, reimbursement, lack of preparation, isolation of therapists, and scheduling conflicts as tangible barriers to fulfilling the expanded roles in school-based occupational therapy and implementation of a workload model (Bolton & Plattner, 2020; Bucey & Provident, 2018; Clough, 2019; Ray et al., 2022; Seruya & Garfinkel, 2020). However, there is little known regarding administrator’s perspectives on expanded roles and their perspectives on successfully implementing occupational therapy services.

There are 125 public school districts throughout Nassau and Suffolk Counties on Long Island (New York State, n.d.-a; New York State, n.d.-b). The majority of school-based OTs in this geographic area are contracted to school districts, and many providers in New York State continue to primarily follow a caseload service delivery model to address student-specific needs as identified on their Individualized Educational Program (IEP) (Ray et al., 2022). This would indicate that in buildings where there are no students who are receiving individualized occupational therapy services, no OTs are present for consultation and collaboration on school-wide programs and services as delivered through multi-tiered system of supports (MTSS) (Lynch et al., 2023; World Federation of Occupational Therapists, 2016). As an occupational therapy supervisor for a contract agency, it has been observed that obtaining and retaining contract therapists to cover the growing number of mandated minutes of occupational therapy services on the IEPs has become increasingly more difficult. Additionally, retention and job satisfaction are

impacted by stagnant contract rates and therapist's growing desire for job security, benefits, and adequate space, equipment, time for meetings, documentation, planning, consultation, and collaboration (Corley et al., 2023; Mertala et al., 2022; Ray et al., 2022). Although research can be found to support the efficacy of workload and collaborative models, the research also indicates reported difficulty in implementing a workload model from both employed and contracted OTs (Bolton & Plattner, 2020; Garfinkel & Seruya, 2018). Similarly, speech-language pathologists in New York continue to cite excessive caseload size and workload demands as ongoing barriers to job satisfaction and the successful implementation of the workload delivery model (Amir et al., 2021).

As the number of children requiring special education intervention and related services in New York grows (NYSED, 2023) and AOTA (2017b) advocates for more consultative and collaborative models of practice, it appears that districts would support the implementation of services such as educational coaching, contextual services, collaboration and consultative models, which are more cost-effective (AOTA, 2017a) and would be most effective in addressing the needs of the district (Clough, 2019; Laverdure et al., 2017). Administrative resistance has been widely recognized as a barrier to the implementation of occupational therapy-expanded roles and the workload model (Bolton & Plattner, 2020; Bucey & Provident, 2018; Clough, 2019; Seruya & Garfinkel, 2020). Additionally, therapists report the success of the workload model as dependent upon administrative support and administrators perceived effectiveness of the model (Garfinkel & Seruya, 2018). However, the research does not provide the perspective of the administrators and their thoughts and opinions of what successful occupational therapy looks like in implementing federal laws addressing student learning and the challenges they face when budgeting for the implementation of services. Therefore, this

capstone's topic of interest was to explore administrators' views of occupational therapy services and the perceived barriers and facilitators to successfully implementing those services in their schools.

### **Problem Statement**

Occupational therapy as a school-based service has been around since 1975, with the establishment of Public Law 94-142 and the Education of All Handicapped Children Act (Colman, 1988). This legislation opened the door for OTs to work in school contexts. As occupational therapy services transitioned from the medical model to the educational context, many components of the medical model, namely staffing patterns using caseloads, were adopted. As federal legislation has continued to promote collaboration to support the learning process, understanding how practice patterns have changed and the administrator's understanding of these changes has not been fully explored. This capstone project was intended to address how occupational therapy services in Long Island public schools can best be utilized and implemented in the school-based setting to effectively support students and teachers and align with federal legislation and occupational therapy's scope of practice.

### **Purpose of Project**

The aim of this capstone project was to explore administrators' perspectives on the barriers and facilitators to the successful implementation of occupational therapy services in school-based settings on Long Island. Information from this study could help identify actions to improve the delivery of occupational therapy services while fulfilling best practice expectations within federal laws and utilizing the full scope of occupational therapy practice.

## **Project Objectives**

- Determine administrators' understanding of occupational therapy's expanded roles in school-based practice and the perceived effectiveness and value of these roles as outlined through ESSA and IDEA.
- Explore how administrators are currently incorporating OT services that align with current federal legislation.
- Understand administrators' decision-making processes with regard to the implementation of OT services.

## **Theoretical Framework**

The theoretical framework that guided the development of this capstone project was the Person-Environment-Occupation-Performance (PEOP) model. The PEOP model focuses on the interrelationship of the person and the environment and the interplay of the intrinsic and extrinsic variables that impact performance and occupation (Baum et al., 2015; Cole & Tufano, 2020). In this capstone, the person refers to those administrators who can make decisions regarding hiring and managing of related service personnel and implementing special education services and MTSS programs and services in their districts. The environment includes their district, socioeconomic factors, co-workers, families, and students they encounter daily. Occupation refers to the role or position of each administrator and their responsibility to their district, staff, and student population. Performance is the execution of their role and how that supports the successful implementation of occupational therapy services. The PEOP model encourages consideration of the intrinsic factors impacting administrators' decisions, including their knowledge, awareness, perceptions, and perceived value of occupational therapy in school-based practice (Baum et al., 2015). Extrinsic factors include legislation, budgets, district needs, support

systems, past experiences with occupational therapy services and personnel, and history of traditional service delivery (Baum et al., 2015).

A social constructivist perspective was utilized in collaboration with the PEO model when interpreting the data to allow an understanding of the administrator's responses and the specific contexts in which they work (Creswell & Creswell, 2018). This capstone sought to explore the intrinsic and extrinsic factors as potential barriers or facilitators to successfully implementing occupational therapy services in schools. Information obtained through an administrator lens can provide insight into the current service models being implemented and where there is room for improvement, development, change of models, advocacy, or education. Social constructivism emphasizes collaborative learning, assimilation, and accommodation of new learning through social interactions, negotiation, and collaboration (Braungart et al., 2020; UC Berkley, 2016). This perspective can guide OTs in disseminating evidence-based practice and enhancing student outcomes (Braungart et al., 2020). Information and feedback on perceived successes can inform change by assisting OTs in developing strategies to improve the effectiveness of services and determine the need for educating the school-based community while advocating for expanded roles. Improving the efficiency and effectiveness of occupational therapy services for the school-based population will support and encourage best practice and health promotion and prevention intervention for all children (AOTA, 2020a).

### **Significance**

Supportive, collaborative intervention can positively impact student participation and engagement. OTs as team members can be essential to improved student outcomes (Bucey et al., 2018; Corley et al., 2023). However, the majority of therapists in schools in the focused geographical area are contracted to school districts and primarily follow a caseload service

delivery model to address student-specific needs (Ray et al., 2022). Despite federal legislation and research supporting a workload model, staffing needs and decisions appear to be based on IEP mandates and lack acknowledgment of occupational therapy's scope of practice.

The role of occupational therapy in schools has evolved over the years; therefore, greater awareness and understanding of occupational therapy's role and scope of practice by school personnel can enhance the effective implementation of the many services OTs can provide to the school community (Edick et al., 2023). Research exploring collaboration between teachers and OTs revealed that although perceived as positive and beneficial to student outcomes, the presence, availability, and accessibility of the therapists were insufficient or inconsistent to support effective collaborative relationships (Clough, 2019; Edick et al., 2023; Seruya & Garfinkel, 2020). Implementing a workload model can allow for adequate time distribution for the varied roles and responsibilities of OTs (Ball, 2018; Edick et al., 2023). Understanding administrators' perspectives on the value and effectiveness of occupational therapy services and their perception of the barriers and facilitators to successful implementation can inform therapists' understanding of expectations and perceived roles within the complexity of the school setting. Exploring administrators' perspectives can provide valuable knowledge of areas needing further advocacy and facilitate discussion for the development and implementation of programming and services to address the needs of all students.

### **Operational Definitions**

- Caseload- refers to the number of students serviced (Seruya & Garfinkel, 2020).
- Collaboration-cooperation between two or more professionals for a shared goal (Friedman et al., 2023).



- Consultation-knowledge translation of strategies to improve student success or the school-based community as a whole (Bolton & Plattner, 2020).
- Contextual intervention- interventions that support student access, occupational engagement, and school participation and take place in the child's natural environment (Laverdure et al., 2017).
- Contracted providers- therapy providers placed in school districts by an outside agency and are not employees of the district.
- Direct service- implementation of occupational therapy services either individually or in a group setting (AOTA, 2020b).
- Embedded interventions- interventions designed to develop skills through the use of naturally occurring activities (Laverdure et al., 2017).
- Expanded roles- Includes services provided to individuals, groups, teams, organizations, communities, and families (Guidelines for Occupational Therapy Services in Early Intervention and Schools, 2017).
- Inclusive services- services provided in the least restrictive environment to ensure maximum participation (Lynch et al., 2023).
- Indirect service- services on behalf of student, teacher or school community, such as consultation, collaboration, coaching, and positive behavioral health intervention services (Seruya & Garfinkel, 2020).
- MTSS- Multi-tiered system of support- the use of indirect, consultative, and collaborative embedded services to support inclusion (Lynch et al., 2023).

- Scope of practice- Occupational therapy services provided to individuals, groups or populations to enable full participation and engagement in daily occupations (AOTA, 2021).
- Workload- all activities that OTs and OTAs engage in that provide both direct and indirect service to students and staff to support the needs of the school population (Seruya & Garfinkel, 2020).

## **Summary**

With the prevalence of contracted providers in Long Island's public schools, it appears that the expanded roles of occupational therapy, as defined through current legislation, may not be adequately utilized to the full scope of occupational therapy practice. The continued provision of occupational therapy services through a caseload model reduces provider availability, inhibits effective and sufficient consultation and collaboration, affects therapist retention and job satisfaction, and most importantly, impacts student outcomes (Amir et al., 2021; Clough, 2019; Corley et al., 2023; Edick et al., 2023; Mertala et al., 2022; Ray et al., 2022; Seruya & Garfinkel, 2020). In an effort to align occupational therapy services with legislation and provide the most appropriate and cost-effective services on behalf of all school-age children, this capstone research project sought to explore the administrators' perspectives on the expanded role of occupational therapy and what factors impact the implementation of successful occupational therapy services. Information from this capstone can be used as direction for OTs on Long Island to start the conversation regarding changes in practice that can most impact student outcomes. It can also be used to inform curriculum decisions to prepare new therapists better to advocate for expanded roles in school-based practice.

## Section 2-Review of the Literature

The literature review for this study was completed using varying search engines through Eastern Kentucky University, including CINAHL Ultimate, Academic Search Ultimate, Communication Source, Education Source, ERIC, Human Resource Abstracts, MEDLINE, Sociological Collection, and Google Scholar. Additional searches included the American Occupational Therapy Association (AOTA) and New York State Education Department's websites and a hand search of the Journal of Occupational Therapy, Schools, & Early Intervention. Search terms utilized included the following: school-based occupational therapy, expanded roles, barriers and facilitators, collaboration, workload, caseload, school administrators, practice patterns, staffing, inclusion, education, competency, and decision-making. A literature review informed this study with occupational therapy roles in school-based practice, practice patterns, barriers and facilitators to practice, and extensive evidence regarding staffing and service delivery models. Occupational therapy in the school-based setting focuses on health promotion and prevention as it relates to supporting student learning. Although the workload service delivery model has credits for identifying and acknowledging all of the responsibilities of an occupational therapist, the caseload model remains prevalent (Garfinkel & Seruya, 2018; Ray et al., 2022). The current shift in occupational therapy responsibilities is from direct services to consultative and educational models (Ball, 2018). Legislation and evidence support the inclusive role of occupational therapy, such as early intervening services (EIS) and preventative programming (Ball, 2018).

### **Current Legislation**

Several Public Laws address the implementation of school-based practice. IDEA, ESSA, and Section 504 of the Rehabilitation Act of 1973, along with the Americans with Disabilities

Act (ADA), provide accommodations for students with disabilities but also support initiatives for whole-school preventative programming (Frolek Clark & Polichino, 2021). OTs can support teachers and schools through teaming, education, collaboration, and consultation. The current federal legislation “creates opportunities for occupational therapists to assist school districts in optimizing student learning through health promotion initiatives and to prevent the high cost of 1:1 intervention through the provision of Early Intervening Services” (Ball, 2018, p. 264), a part of IDEA. IDEA encourages services to be provided in the least restrictive environment, promoting in-context services to facilitate access and participation. Additionally, funds are available through IDEA to support preventative services. Section 504 of the Rehabilitation Act and IDEA advocates for the support of all students, with or without a disability. Under ESSA, as specialized instructional support personnel (SISP), OTs can be essential in health promotion and prevention by assisting in implementing programs to develop safe and positive learning environments to help all students succeed in school (ESSA OT Advocacy Network, 2022). ESSA’s encouragement of SISP collaboration and involvement in planning at the state level promotes the use of occupational therapy’s full scope of practice.

### **OT Roles and Responsibilities**

Occupational therapy's role in schools is often limited to addressing handwriting and fine motor deficits as they impact learning (Bolton & Plattner, 2020; Polichino, 2016). Traditionally, as occupational therapy services transcended medical model interpretations, this focus initially helped to develop a role in the educational model. However, school-based practice follows an educational model, not a medical model. Therefore, occupational therapy focuses on health promotion and prevention, encouraging student participation in school-related occupations, and not remediating deficits (Frolek Clark & Polichino, 2021). School-based OTs have the skills to

conduct evaluations and devise approaches to address student needs, promote development through interventions within the natural context of the student's day, and recommend accommodations and modify environments to support student's emotional and social well-being, participation, and engagement in school-based occupations (Laverdure et al., 2017). Providing accessible, collaborative, and effective services to maximize the health and well-being, and participation for all students through everyday engagement in occupations aligns with both the OTPF-4 (AOTA, 2020b) and AOTA Vision 2025 (AOTA, 2017b).

Occupational therapists have education in psychology and can work with school psychologists to successfully address psychosocial needs (Ball, 2018). OTs can support whole-school initiatives to improve social skills, problem behaviors and address stress management (Ball, 2018). Occupational therapy support may be requested in the form of response to intervention (RtI) or MTSS to facilitate the general education population with skills, such as cognition, social and physical skills, and executive functioning that support literacy (Frolek Clark, 2016; Grajo & Gutman, 2019). This would be accomplished by working collaboratively with the classroom teachers and related service staff to implement evidence-based accommodations and strategies to support student learning (Frolek Clark, 2016; Grajo & Gutman, 2019). OTs can coach, collaborate, co-teach, implement small group intervention, modify environments and activities to provide interventions that are accessible, collaborative, and cost-effective (AOTA, 2020b) and encourage classroom participation, social participation, mental health, leisure and activities of daily living (ADLs) (AOTA, 2017b). A study by Frontline Research and Learning Institute (2024) explored the challenges nationwide districts face in exploring ways to improve student mental health, well-being, academic outcomes, staff recruitment, and retention. However, including OTs in MTSS or RtI or implementing a workload

model, which would allow and support students' physical, social-emotional, and academic success, was not mentioned or investigated. Nor were OTs acknowledged as a possible solution to assist with the growing need for mental health services in schools.

Occupational therapists' responsibilities include, but may not be limited to, screenings, evaluations and re-evaluations, consultation and collaboration, scheduling, direct student interventions, documentation, travel between buildings, parent communication, team and Committee on Special Education (CSE) meetings, staff education and MTSS (Seruya & Garfinkel, 2020). OTs can design and implement interventions and accommodations, recommend environmental modifications, and consult with teachers to support effective teaching strategies. They can be involved in reducing barriers to student learning to improve social, emotional, and academic well-being, provide mental health interventions, collaborate with school staff to create a positive school climate, communicate with and support families, and provide staff training/professional education (National Alliance for Specialized Instructional Support Personnel, 2019). With a continued focus strongly on caseload management, employed and contracted therapists alike both struggle to attend to workload responsibilities and find it challenging to execute services to the full extent of occupational therapy's scope of practice (Bolton & Plattner, 2020; Garfinkel & Seruya, 2018).

### **Service Delivery Models**

Despite the evidence-based research supporting expanded roles, most OTs continue to provide direct, 1:1 service (Bucey & Provident, 2018; Clough, 2019; Seruya & Garfinkel, 2020). The current shift from caseload to workload service delivery is prevalent in the literature. Studies have reviewed the various models' implementation, efficacy, and staffing implications. Several concepts assist in understanding service delivery models, their components, and why they are

confusing in the educational context. Multi-tiered systems of support, collaboration, workload, caseload and staffing are terms that will be further explained.

### ***Multi-Tiered Systems of Support***

Multi-tiered System of Support is a three-tiered system that uses indirect, consultative, and collaborative embedded services to support inclusion (Lynch et al., 2023). Lynch et al. (2023) defines the tiers as follows: Tier 1 focuses on universal support for all students. Tier 2 provides targeted interventions to students at risk. Tier 3 provides interventions to children with specific diagnoses or those who have not responded to the previous two tiers of intervention. The tiered system allows for occupational therapy providers to implement early intervening services that focus on “access, participation and performance within school environments and activities...in the interest of all students” (Frolek Clark & Polichino, 2021, p. 20-21). With MTSS, OTs also support school staff, parents, and other related service providers through consultation, collaboration and embedded interventions. Direct services should be in the natural environment, allowing OTs to assist multiple students while modeling strategies to teachers for carryover (Ball, 2018).

### ***Collaboration***

Teachers and OTs acknowledge collaboration as a service delivery model and both have expressed value in it (Ball, 2018; Bolton & Plattner, 2020; Bucey & Provident, 2018; Garfinkel & Seruya, 2018). Sound relationships and good communication with staff are essential for effective collaboration (Ball, 2018). However, the presence, availability, and accessibility of the therapists were reported to be insufficient or inconsistent to support effective collaborative relationships (Clough, 2019; Edick et al., 2023; Seruya & Garfinkel, 2020). Teachers value occupational therapy services and are looking for increased collaboration with OTs; however,

they have found it challenging to collaborate with the limited time providers have in the classroom when they are itinerant versus employed (Bolton & Plattner, 2020).

### ***Workload***

The workload model acknowledges all of the varied responsibilities of OTs that support students directly and indirectly, including consultation, collaboration, documentation, parent communication, participation in committees, participation in program development, and staff training and education (Ball, 2020; Seruya & Garfinkel, 2020). It encourages occupation-based interventions in the child's natural environment, the classroom, and encourages OTs to be involved in extracurricular activities, educational coaching, curriculum development, program development, and MTSS in collaboration with school personnel (Seruya & Garfinkel, 2020). Within the workload model, alternative approaches have been developed to integrate the wide range of responsibilities for OTs successfully. The 3:1 service delivery model is a flexible service delivery model that provides direct, traditional delivery of services for three weeks out of the month, with the fourth week designated for indirect services and responsibilities on behalf of the student (Garfinkel & Seruya, 2018). Prior studies indicate a clear connection between the workload model and the educational model, which is consistent with AOTA's perspective on school-based practice versus the medical model (AOTA, 2017b; Garfinkel & Seruya, 2018).

### ***Caseload***

The caseload approach refers to the number of students requiring services, or the number of services identified on an IEP, and staff is allocated by these numbers (Ball, 2018). IEPs are agreed upon at CSE meetings, and the minutes designated on the IEP for occupational therapy services determine the number of hours a provider is required to be in the building. The caseload model does not take into consideration the complexity of cases or the ratio and frequency of services; therefore, two providers can have extensively differing numbers of children they are



responsible for (Katz et al., 2010). The caseload approach does not consider or leave time for collaboration and consultation or to implement health promotion and prevention. AOTA Workforce and Compensation Survey (AOTA, 2023) indicated that for New York respondents who identified as working in primary or middle schools, 50% reported providing between 1001 and 1500 minutes a week of services under an IEP. This data supports the use of a caseload model.

### ***Staffing***

There are no general standards or regulations at the national level to reinforce a workload model (Seruya & Garfinkel, 2020), and a practitioner's ability to manage their daily responsibilities efficiently impacts student outcomes and success in fulfilling expanded roles (Garfinkel & Seruya, 2018). Studies on OTs' roles and barriers to practice and executing expanded roles showed no significant findings regarding the differences between responses of those employed versus those contracted (Bolton & Plattner, 2020; Clough, 2019; Garfinkel & Seruya, 2018; Seruya & Garfinkel, 2020). However, hired OTs in Western NY reported a greater ability to provide in-context services versus those that are contracted (Ray et al., 2022). AOTA, the American Speech-Language-Hearing Association (ASHA), and the American Physical Therapy Association (APTA) initiatives focus is on workload analysis and encouragement of the workload model, facilitating improved working conditions and supporting greater student outcomes (Garfinkel & Seruya, 2018; Woltmann & Camron, 2009).

### **Barriers and Facilitators to Practice**

Occupational therapists continue to struggle to find alternatives to the medical model in an educational model (Ball, 2018). The workload model acknowledges the need for adequate time distribution for OTs' varied roles and responsibilities (Ball, 2018; Edick et al., 2023).

However, barriers and facilitators have been identified regarding successfully implementing a workload model and occupational therapy services in the school-based setting. Previous studies have identified obstacles such as administration/teacher resistance, caseload burdens, reimbursement, lack of preparation, isolation of therapists, lack of resources, and scheduling conflicts (Bolton & Plattner, 2020; Bucey & Provident, 2018; Clough, 2019; Seruya & Garfinkel, 2020) as tangible barriers to fulfilling the expanded role of SBOT as defined through IDEA (2004) and ESSA (2015). Research by Corley et al. (2023) supported the use of a workload model as a means to facilitate attention to other responsibilities and indicated that therapists following a workload model were more likely to implement contextually based services. Therapists report that the success of the workload model is dependent upon administrative support and administrators' perceived effectiveness of the model (Garfinkel & Seruya, 2018).

Studies indicate that therapists report a lack of success in managing workload responsibilities (Garfinkel & Seruya, 2018). Additionally, many therapists report a lack of knowledge of occupational therapy's role in school-based practice and understanding of the school-based model of service provision (Corley et al., 2023). Seruya and Garfinkel's (2020) study on Workload and Caseload revealed that OTs reported an inability to adhere to IEP mandates due to attending to other responsibilities or scheduling conflicts. Additionally, high caseloads, lack of time and lack of administrative support were reported as barriers to implementing a workload approach for both occupational therapists and speech-language pathologists (Amir et al., 2021; Corley et al., 2023). Studies on occupational therapy roles and barriers to practice and executing expanded roles showed no significant findings regarding the differences between responses of those employed versus those contracted (Bolton & Plattner, 2020; Clough, 2019; Garfinkel & Seruya, 2018; Seruya & Garfinkel, 2020).

## **Evidence-Based Practice**

Occupational therapists tend to follow the medical model and identify as most effective when executing traditional, direct service, which allows them to provide specialized instruction on specific skills (Clough, 2019). Their reports of the ineffectiveness of collaboration and inclusion conflict with research, which indicates that collaboration is most effective (Clough, 2019; Corley et al., 2023; Seruya & Garfinkel, 2020). Frolek Clark provided research that supported the effectiveness of consultative services over direct service and contributed that “consultation-only models showed significant gain in children’s performance...[and] embedded services...including a co-teaching model, demonstrated gains in handwriting legibility and fine motor skills” (2016, p 33). A study comparing the short-term intervention of three different service delivery models also concluded that consultative models were as effective as direct service models for improving the visual-motor skills of first-grade students (Ratzon et al., 2009). Additionally, a study by Bayona et al. (2006) found plausible evidence regarding the success of a consultation model in improving written communication in children with fine motor difficulties. Finally, research by Corley et al. (2023) found statistically significant differences between the workload and caseload models with regard to professional learning, community membership, collaboration with teachers, direct treatment time, staff consultation, family consultation/training, behavioral supports and contextually based services. Those working in the workload model were more likely to implement certain best practices.

## **Administrators' Perceptions of Occupational Therapists' Role**

Saccucci (2023) explored administrators' perceptions of occupational therapists' role and alternative service delivery models in Rhode Island. The study revealed that despite administrators reporting familiarity with alternative service delivery models, these models were

not consistently implemented (Saccucci, 2023). The two primarily perceived barriers to implementing a workload model were a lack of support and knowledge from families and a lack of staff knowledge about how to transition to the model (Saccucci, 2023). Considering Saccucci's (2023) findings on administrators' perceptions of OTs role and service delivery models and the even more recent Frontline Research & Learning Institute's (2024) limited acknowledgment of OTs as mental health providers or how they can be incorporated to improve student outcomes suggests a continued void in the literature about administrators' perceptions regarding the successful implementation of occupational therapy services, demonstrating a need for this study.

### **Summary**

Implementation of best practice in the delivery of occupational therapy services occurs with embedding skill development within a natural context/setting to reinforce the carryover of skills and training of professionals who engage with students daily. An occupational therapist's ability to manage their workload efficiently impacts student outcomes and success in fulfilling expanded roles (Garfinkel & Seruya, 2018). Despite research supporting the effectiveness of workload service delivery models and collaborative and consultative services, OTs continue to report following a caseload model (Boltan & Plattner, 2020; Clough, 2019; Garfinkel & Seruya, 2018).

Providing contextually based services provides an opportunity for OTs to "demonstrate their distinct value in the school-based setting" (Seruya & Garfinkel, 2020, p.6). Understanding how administrators perceive the role of OTs and the value and benefit of the varied services OTs can provide in the school-based setting will provide valuable information on the focus of advocacy efforts to create an environment that facilitates effective and efficient occupational

therapy services. The lack of administrative perspectives on adopting a workload model or decision-making processes with regard to staffing and utilization of OTs in alignment with current legislation supported the gap in knowledge to study.

### **Section 3- Methods**

#### **Project Design**

The capstone study used a descriptive survey design (Creswell & Creswell, 2018). An online survey was developed using the Qualtrics (<https://www.qualtrics.com>) platform to explore administrators' perspectives on what occupational therapy services are currently being utilized and the barriers and facilitators that impact the provision, implementation, and success of occupational therapy services. This design provided an economical means of targeting the greatest number of potential participants. The anonymity of an online survey may increase participant's willingness to participate and encourage more candid responses (Creswell & Creswell, 2018). Institutional Review Board (IRB) approval (#5682) was obtained from Eastern Kentucky University before disseminating the survey. (See Appendix A).

#### **Setting**

The setting for this capstone study took place virtually. The geographic area of focus included Nassau and Suffolk Counties in Long Island, New York. Administrators who met eligibility requirements were from among the 125 public schools across the two counties. Nassau County is home to 56 school districts within its 453 square miles (New York State, n.d.-a). The New York State Education Department (n.d.-a) reported a K-12 public school enrollment in Nassau County of 194,855 students for the 2021-2022 school year, 27,281 of which were identified as students with a disability. Suffolk County houses 69 school districts across its 2,373

square miles (New York State, n.d.-b). K-12 public school enrollment for this county for the 2021-2022 school year was 219,802, with 36,487 identified as students with disabilities (New York State Education Department, n.d.-b).

## **Participants**

The participants of this capstone study were administrators of public school districts in Nassau and Suffolk Counties on Long Island who were invited to participate in the survey via email invitation. The desired sample of administrators were those who can make decisions regarding the hiring and/or management of related service personnel and the implementation of special education services and MTSS programs and services in their districts. This included building Principals, Directors of Special Education, Directors of Pupil Personnel Services, Assistant Superintendents of Curriculum or Instruction, Assistant Superintendents of Human Resources, and the Superintendent of Schools. Additional inclusion criteria were as follows:

- Adults
- Read and speak English
- Has held an administrative position for at least two years
- Earned an administrative degree at the graduate level
- Currently employed as an administrator by the district

Exclusion criteria for the participant sampling are those administrators who did not have occupational therapists working in their building/district.

## **Project Procedures**

This research project involved interaction using survey procedures only. Non-probability sampling was employed to identify and target participants with decision-making power regarding staffing and program implementation. A list of potential administrators and email addresses was

compiled via a manual search of public domain information listed on the district's website. Additionally, the president of the Long Island Association of Special Education Administrators (LIASEA) and the Superintendents of each school district were contacted to solicit participants via an email requesting them to forward the survey invitation to those eligible. Convenience sampling was employed to recruit participants further via email, describing the intent and purpose of the study, qualifications for participation, and a link to participate in the survey. Participants were apprised that their participation was voluntary, and they could withdraw consent at any time throughout the survey. Accessing and completing the survey served as consent for participation. Invitations to participate were re-sent at two and four weeks following the initial emailed survey introduction and invitation to participate. To increase the sample size, an additional reminder was sent eleven weeks following the previous invitation.

### **Instrumentation**

The data collected was from a researcher-devised, web-based, emailed survey utilizing multiple-choice, Likert scale, rank order, and short answer questions. The survey was developed based on the literature, content experts, and the researcher's expertise. Survey questions were pilot tested by occupational therapy colleagues to confirm they were clear, concise, and devoid of bias and addressed the research questions. Modifications to the survey questions were made prior to the implementation of the survey. The Qualtrics (<https://www.qualtrics.com>) platform was used for the online implementation of the survey and data analysis. A copy of the survey instrument is located in Appendix B.

### **Outcome Measures**

Survey questions were organized based on the capstone project research questions and were accessible to the participants for an extended period to encourage a more substantial

sampling. All participants completed the same survey to ensure equal treatment of all participants. Data was analyzed using Qualtrics to provide statistics regarding what types of occupational therapy services are being implemented, the percentage of districts implementing expanded roles, and comparisons of the reported value and perceived effectiveness of the varying occupational therapy roles. Additional analysis included a manual inspection and cross-tabulation of same position participants to ascertain trends in value and perceptions. Results were presented in narrative form as well as with graphs and tables.

### **Ethical Considerations**

Potential risks to the participants of this study were minimal for participation in this capstone research study. This research involved interaction with survey procedures only. The use of Qualtrics allowed for anonymity and deidentification of respondents, putting participants at minimal risk to their privacy. Within the informed consent, participants were notified that participation was completely voluntary and that they could choose to withdraw from the study at any time. Participants completing digital surveys may experience boredom, fatigue, headache, or eye strain from completing surveys. If sitting for extended periods was a concern, participants were recommended to stand to take breaks and return to the survey. Data collected from the survey was retrieved through Qualtrics, a digitally secure web-based program, and is stored on the primary researcher's password protected computer. Data was shared only with the assigned ECU committee, and in the report findings, multiple perspectives were reported. At the completion of the study, the research data will be stored by the primary research advisor on a password-protected computer during the records retention period. Electronic files will be deleted at the end of the three-year record retention period.



## Capstone Activities Completion Timeline

Table 1 summarized the capstone activities, from idea development to completion.

*Table 1: Timeline of Capstone Activities*

<b>Completion Date</b>	<b>Activity</b>
June 30, 2023	Needs assessment completed in OTS 901
August 6, 2023	SWOT analysis and capstone proposal completed in OTS 902
October 2, 2023	Finalized capstone topic completed
November 14, 2023	Survey content completed
November 15, 2023	Survey distributed for pilot-testing
November 21, 2023	Survey content revised
November 23, 2023	IRB application submitted
December 12, 2023	Received IRB approval
April 1, 2024	Survey emailed to administrators
April 14, 2024	First reminder and re-distribution of survey emailed
April 29, 2024	Second reminder and re-distribution of survey emailed
July 18, 2024	Final reminder and re-distribution of survey emailed
July 31, 2024	Survey closed
September 12, 2024	Data analysis completed
October 28, 2024	Capstone project presentation
November, 2024	Capstone paper completed and submitted

## Section 4: Results and Discussion

### Introduction

The data collected in this study had a geographical reach across two counties on Long Island. Superintendent email contacts for 92 of the 125 public school districts were attainable via the district's website. Superintendents were emailed requesting to respond to the survey and forward it to eligible participants in their districts. To maximize potential participants, individual emails were sent to those district personnel who met eligibility criteria, and email contact information could be obtained via the public domain. The first distribution of the email survey was initiated on April 1, 2024, with reminder emails distributed on April 14, 2024, and April 29,

2024. Due to the low response rate, the survey remained open with an additional reminder on July 18, 2024. The survey was closed on July 31, 2024.

### **Demographics**

Of the 67 surveys initiated by participants, 29 (43.28%) surveys were completed and deemed usable. In some instances, not all questions were answered within the 29 surveys, but all questions with responses were included for data analysis. The non-answered questions varied in responses. Of the 29 participants, 48% (n=14) identified as a Director or Assistant Director of Special Education, 17% (n=5) as a Director of Pupil Services, 17% (n=5) as Principals, 7% (n=2) as Assistant Superintendent of Curriculum or Instruction, 7% (n=2) as an Assistant Superintendent of Human Resources, and 4% (n=1) as a Superintendent of Schools (See Figure 1). When asked, 45% of the participants (n=13) indicated they had held their administrative position for 2-10 years, 38% for 11-20 years (n=11), and 17% (n=5) for 21-30 years (See Figure 2). No participants reported holding their administrative position for longer than 30 years. Additionally, 62% of the participants hold either an M.S. or M.Ed. (n=9 and n=9 respectfully), 28 % (n=8) hold an Ed.D., 7% (n=2) reported other as specified here: (Professional Degree in Administration and a P.D.), and 3% (n=1) reported having an M.A. as their highest level of education (See Figure 3). More than half of the participants (68%, n=19) reported a district size between 2,000 and 5,999 students, with 90% (n=26) indicating a special education population greater than 11%. Regarding staffing, 10% of the participants (n=3) reported that their district hires their occupational therapy (OT) staff, 52% (n=15) indicated that they contract their OT personnel, and 38% (n=11) report they have both hired and contracted staff. The average number of agencies districts contracted with was 1.8 agencies.

Figure 1: Participant Position

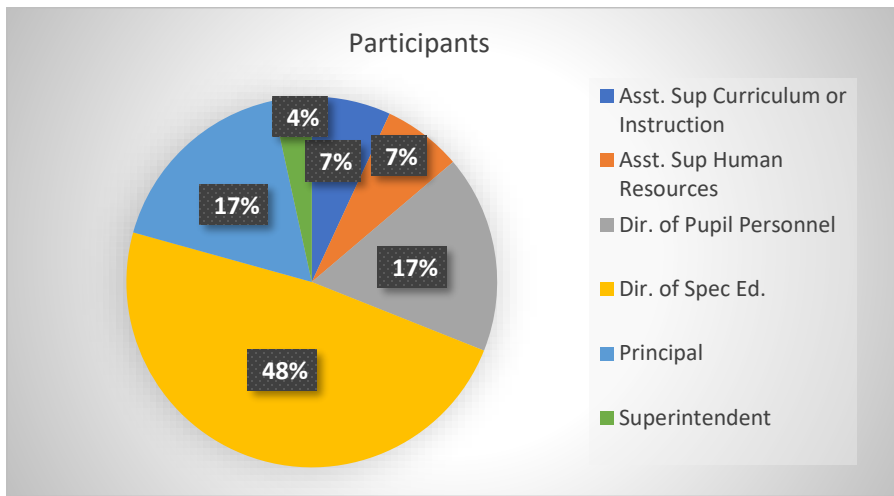
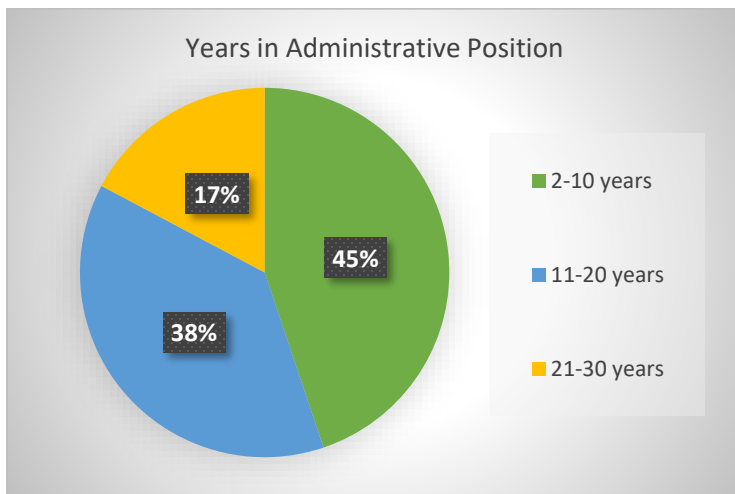
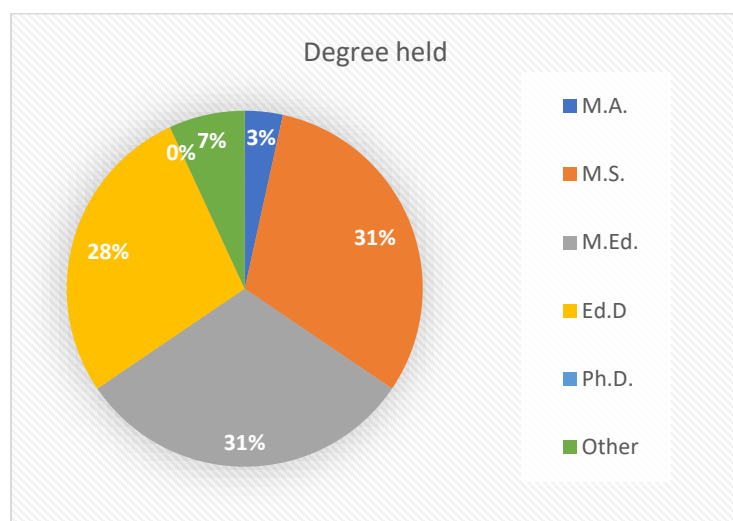


Figure 2: Years in Administrative Position



*Figure 3: Participant Degree Held*



## Results

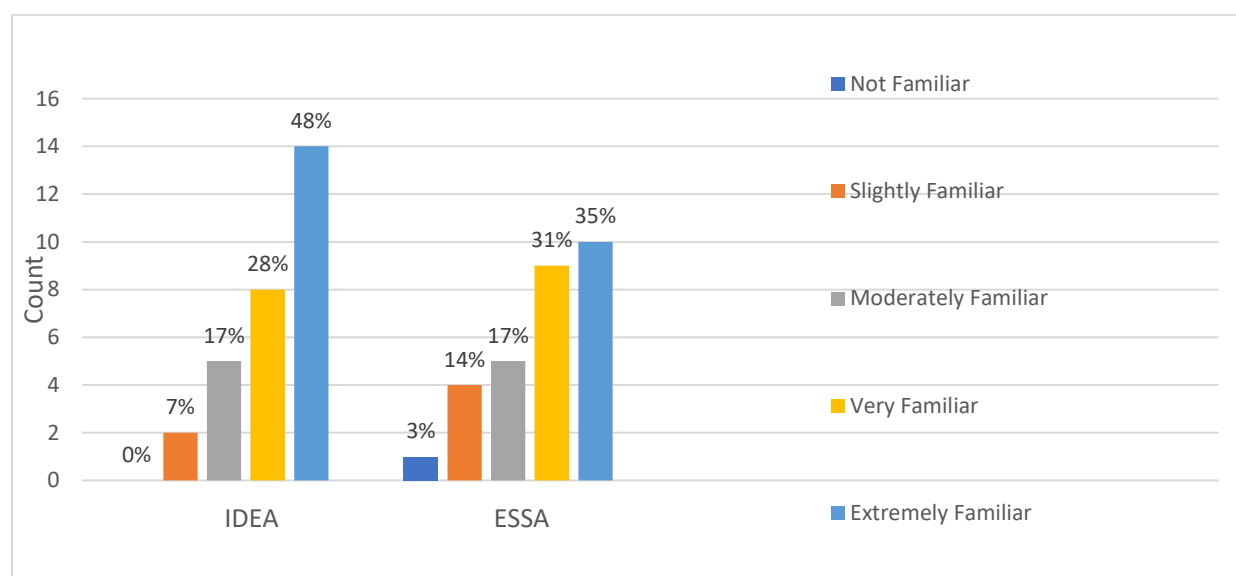
The objectives of this capstone project were to gain insight into administrators' understanding of the role of school-based occupational therapy and the perceived effectiveness and value of those roles as outlined through ESSA and IDEA. Additionally, this capstone project sought to explore how administrators are currently incorporating OT services that align with current federal legislation and gain an understanding of their decision-making process regarding the implementation of OT services. The results were organized by the following areas which represent the research objectives.

### *Familiarity with Federal Laws and Perceived Effectiveness and Value of OT Services*

The participants were asked about their familiarity with the role of occupational therapy in school-based practice as outlined through IDEA and the ESSA (See Figure 4). Those reporting they were extremely familiar with IDEA and ESSA were 48% (n=14) and 35% (n=10), respectively. Additionally, 28% (n=8) and 31% (n=9) reported they were very familiar with

IDEA and ESSA, respectively, and 17% (n=5) reported moderate familiarity with both federal laws. Those indicating they were slightly familiar but were continuing to learn were 7% (n=2) for IDEA and 14% (n=4) for ESSA. Furthermore, no participants reported that they were unfamiliar with IDEA. However, one participant (n=1, 3%) did indicate a need for more familiarity with ESSA. When asked if they currently use a workload model to provide occupational therapy services, 50% (n=14) of the participants indicated that their district uses a workload model.

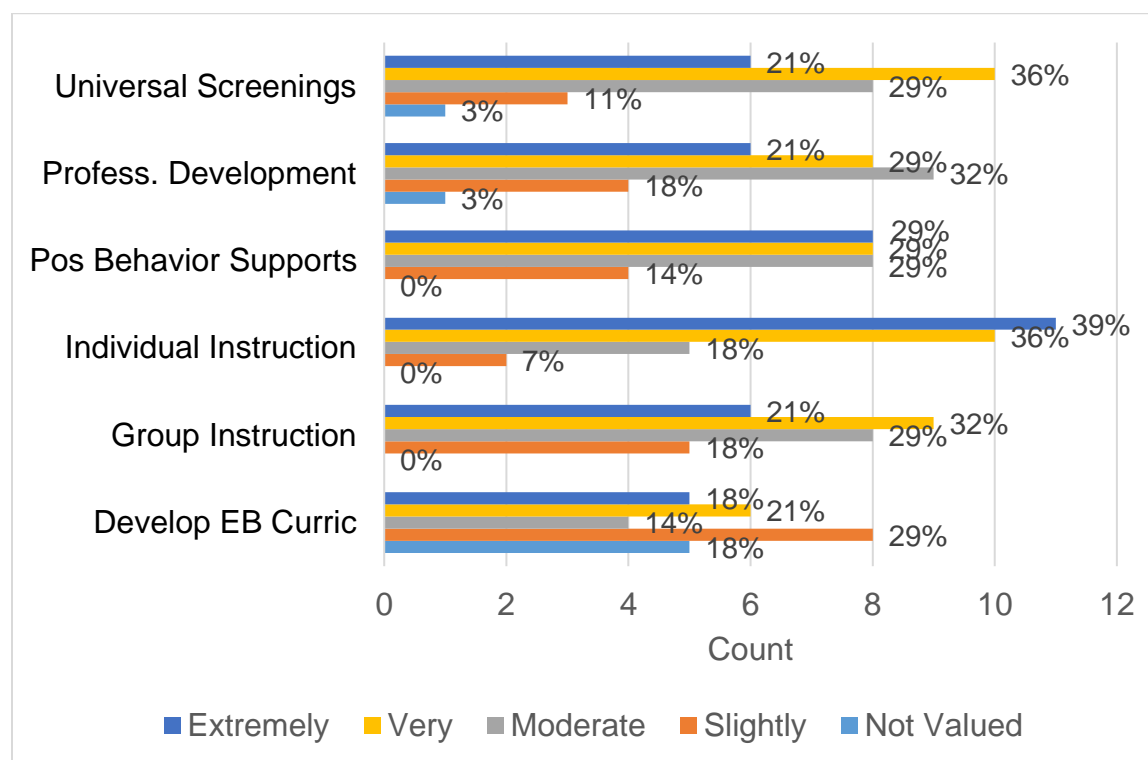
Figure 4: Familiarity with Federal Law and OT's Role In SBP



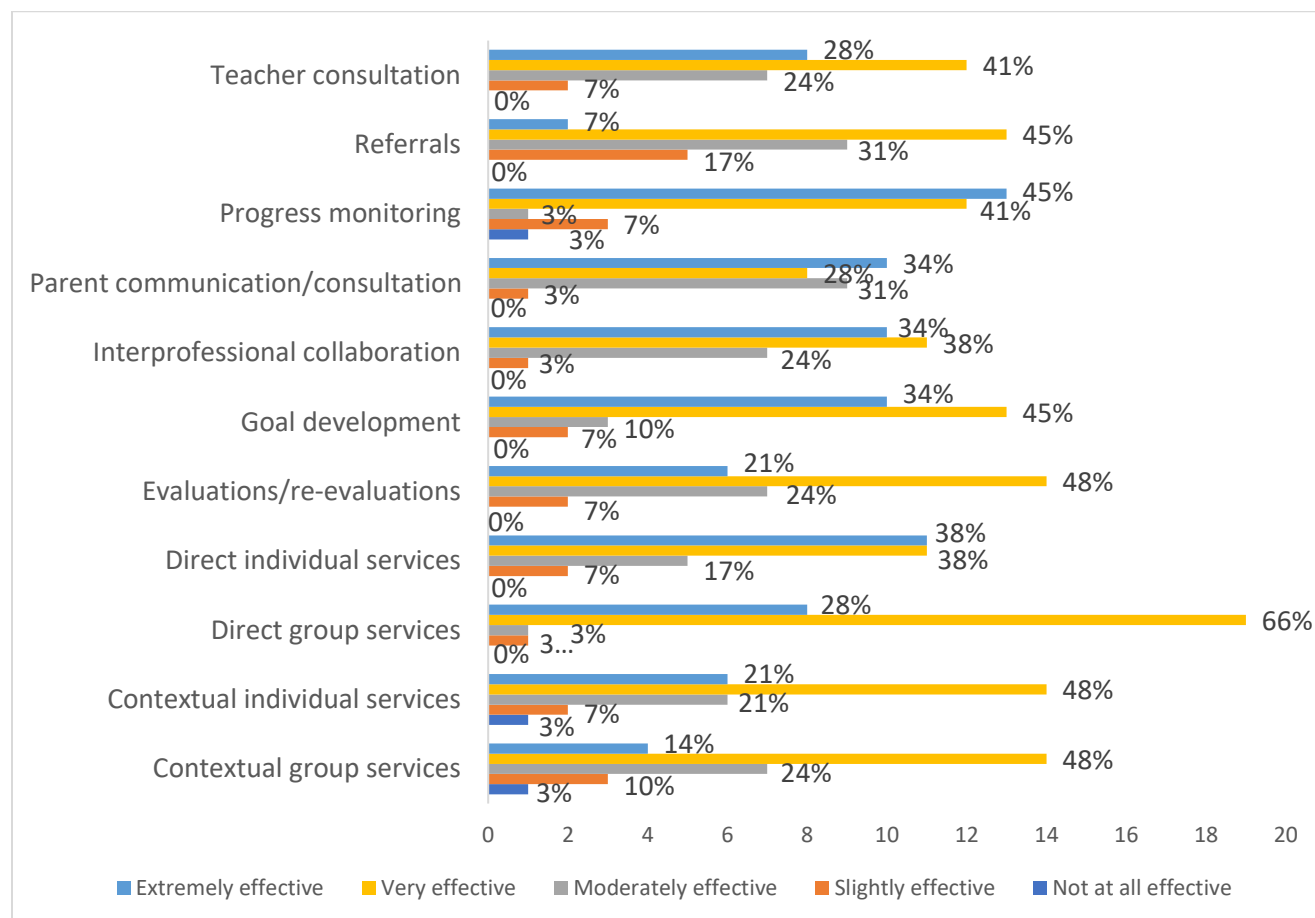
Administrators were asked about the value of occupational therapy involvement in six service areas. Of the 29 participants, 39% of the administrators considered individual instruction extremely valued (n=11). Developing an evidence-based curriculum was selected as least valued by 17% of administrators (n=5) (See Figure 5). Regarding the perceived effectiveness of eleven

occupational therapy services in addressing positive student outcomes, progress monitoring was selected most often as perceived as extremely effective (n=13, 45%), followed by direct individual services (n=11, 38%) (See Figure 6). However, when combining the very effective and extremely effective responses, direct group services were perceived as more effective (n=27, 93%) than progress monitoring (n=25, 86%). One administrator (n=1, .03%) reported contextual group services, contextual individual services, and progress monitoring as not effective at all (See Figure 6).

Figure 5: Value of Occupational Therapy Involvement



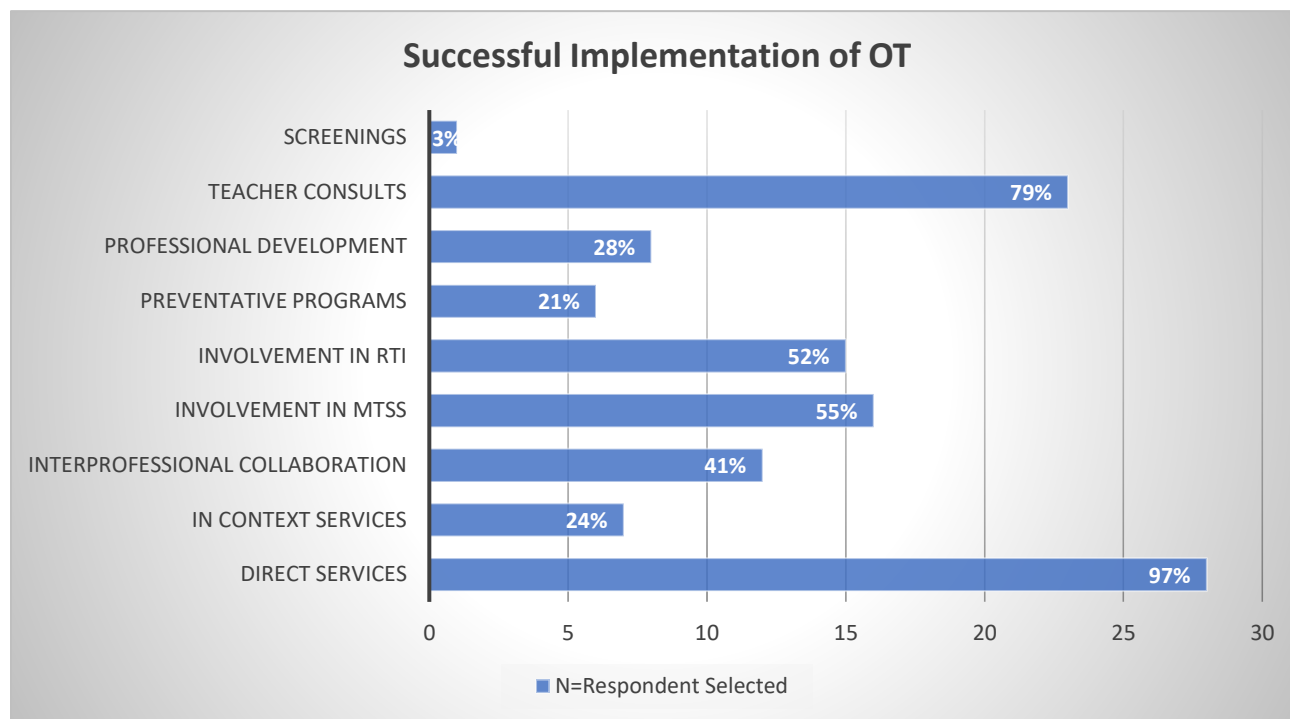
*Figure 6: Effectiveness of Occupational Therapy Services in Addressing Positive Student Outcomes*



### ***Current Implementation and Utilization of Occupational Therapy Services***

Administrators were asked about their perception regarding how occupational therapy personnel and services were currently implemented and utilized successfully. Participants most frequently selected direct services (n=28, 97%), teacher consults (n=23, 79%), and involvement in MTSS (n=16, 55%) as the most successful ways OT is being implemented in their district. Preventative programming (n=6, 21%) and screenings (n=1, 3%) were selected least frequently as successfully being implemented (See Figure 7).

Figure 7: Successful Implementation of the Role of OT



Most participants somewhat (n=15, 52%) or strongly (n=9, 31%) agreed that occupational therapy services were currently embedded effectively in their district to support students and teachers (See Figure 8). However, only 7% (n=2) indicated that occupational therapists were always included in the implementation of multi-tiered system of support (MTSS) (See Figure 9). Table 2 depicts the number of participants (n) who reported implementing collaborative and consultative OT services at each level throughout the Tiers of MTSS.



Figure 8: OT Services Effectively Embedded

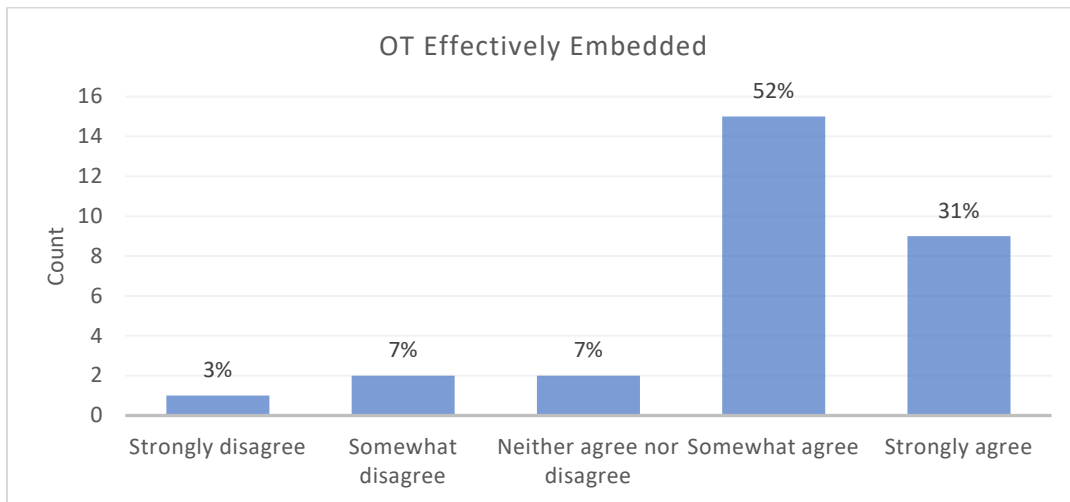
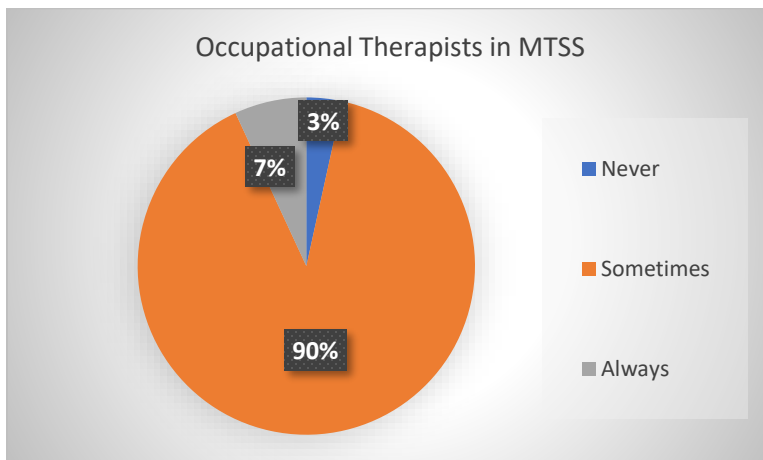


Figure 9: Occupational Therapist Inclusion in MTSS



*Table 2: Report of OT Collaborative and Consultative Services in MTSS*

<i>OT Service</i>	<i>n</i>		
	Tier 1	Tier 2	Tier3
<i>CSE meetings</i>	3	2	23
<i>Direct consults</i>	2	10	16
<i>In context services</i>	5	11	9
<i>Kindergarten screenings</i>	16	2	3
<i>Planning meetings</i>	9	5	4
<i>RtI meetings</i>	6	12	3
<i>Team meetings</i>	9	7	6
<i>Transition planning</i>	5	3	3

Note: n=28

### ***Barriers and Facilitators to Successful Implementation of OT Services and Decision-Making***

When asked how the knowledge of federal law regarding the role of OT in schools was utilized when considering staffing models, 83% of the participants (n=24) indicated they make every effort to staff accordingly. In comparison, 14% (n=4) reported that knowledge of federal law regarding the role of OT in schools was not a determining factor in staffing decisions. One respondent (n=1, 3%) indicated consideration but that they were unable to staff accordingly at this time (See Figure 10). Regarding hiring status, 10% of the participants (n=3) indicated their district hires their occupational therapy staff, 52% (n=15) indicated they contract their occupational therapy personnel, and 38% (n=11) reported they utilize both hired and contracted personnel. When surveyed regarding how they feel their current staffing model impacts the various OT roles in schools, the larger majority responded that their current staffing model positively impacted those roles, with 93% (n=27) reporting a positive impact on direct services and 86% (n=25) reporting a positive impact on collaboration and consultation (See Figure 11). Although 83% reported they make every effort to staff accordingly (See Figure 10), only 50% of

the participants (n=14) reported using a workload model for the provision of occupational therapy services. Considerations, such as availability of providers, budget, interest, knowledge of implementing workload models, reimbursement, staffing and other, were offered as components that may impact the ability to implement a workload model. Manual inspection of individual responses revealed that participants most frequently selected the availability of providers, knowledge of implementing workload models, and budget as the top three components that most impact the ability to implement a workload model.

*Figure 10: Role of OT in Staffing Decisions*

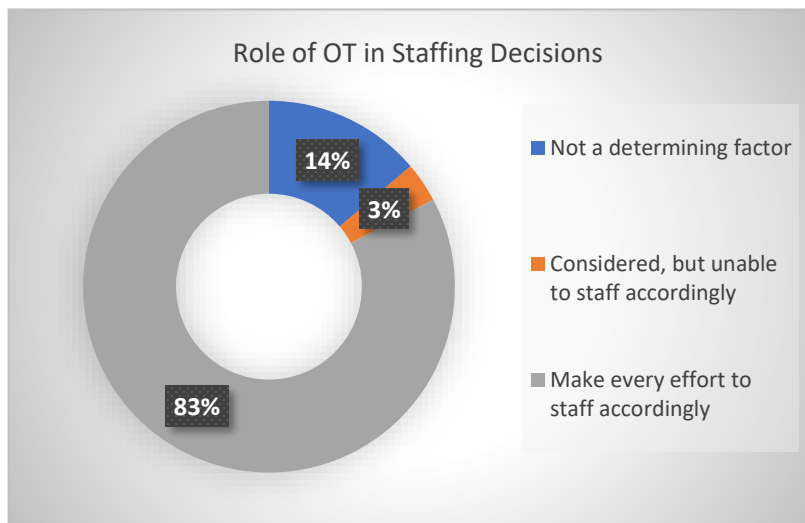
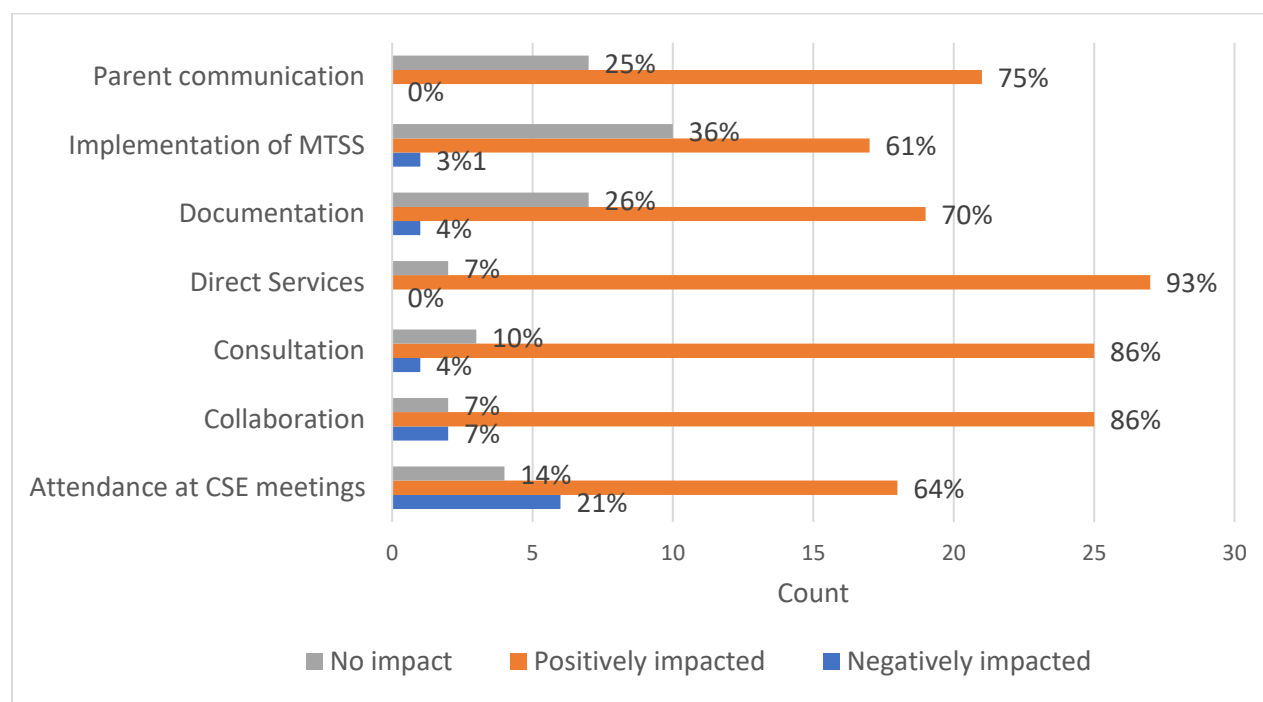


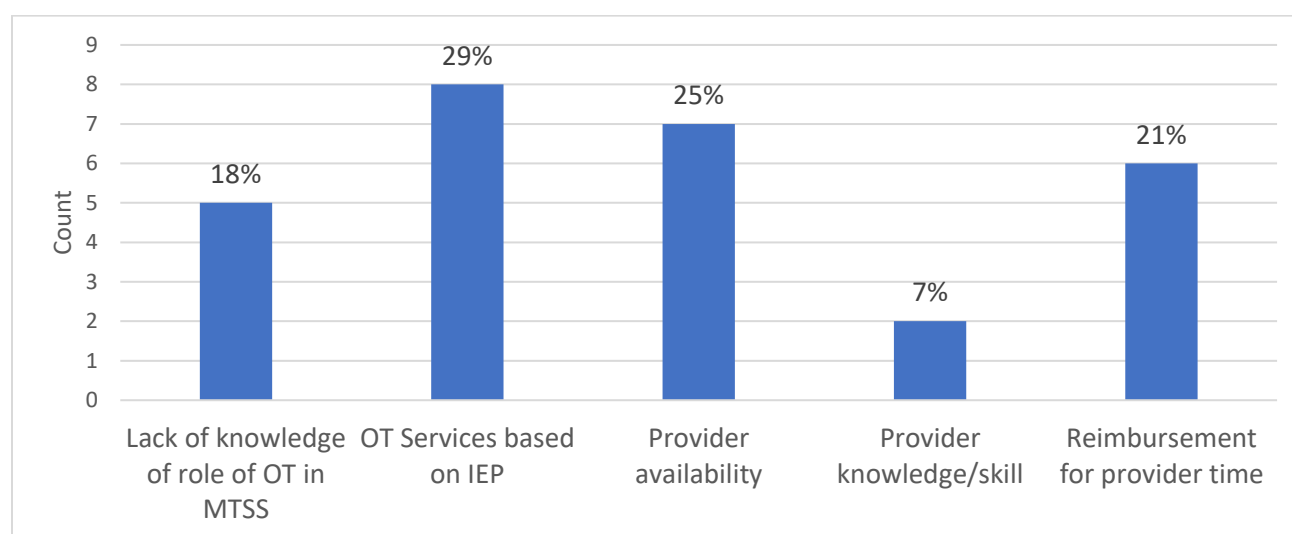
Figure 11: Impact of Current Staffing Model on SBOT Activities



The administrators were presented with the following school-based factors: administrative support, appropriate space, attendance at Committee on Special Education (CSE) meetings, attendance at staff meetings, budget, employment status (contract vs. hired), equipment, excessive Individualized Education Program frequencies/minutes, inclusion in team meetings, reimbursement, staff support, time for consultation, time for documentation, time for interprofessional collaboration, understanding the role of OT and other. They were asked to select five listed factors and rank them in order of having the greatest to least impact on the successful implementation of OT services. Upon visual inspection, the five factors most frequently reported as having the most significant impact on the successful implementation of OT included having appropriate space (85%), administrative support (73%), OT attendance at CSE meetings (65%), OT inclusion in team meetings (46%) and budget (38%). The factors least frequently selected as impactful included documentation time (7%) and reimbursement (0%).

Regarding occupational therapists being included in MTSS in their district, participants reported never (n=1, 3%), sometimes (n=26, 90%), and always (n=2, 7%) (Figure 9), acknowledging that the factors that most impact the inclusion of occupational therapists in MTSS is that OT services are based on the needs indicated on the IEPs (n=8, 29%). Provider knowledge and skills were reported least often as impacting the inclusion of occupational therapists in MTSS (n=2, 7%) (See Figure 12).

*Figure 12: Impact on OT Inclusion in MTSS*



### **Further Analysis**

Manual cross-tabulation of responses to the effectiveness of embedded services, implementation of consultative and collaborative services, and implementation of a workload model with districts that hire versus contract providers were conducted. Visual inspection of the data revealed that those districts that reported both hiring and contracting their OT personnel more often reported that they strongly agree that OT services are effectively embedded in their districts (n=6, 54%). Those who were hired only did not report strongly agreed (n=0, %) but

reported they somewhat agreed (n=2, 67%) or somewhat disagreed (n=1, 33%). Responses for contracted only varied, with the most frequent response being at the somewhat agree level (n=11, 79%) and one response for strongly agree (7%). Those districts that hired or reported the use of both hired and contracted personnel reported stronger acknowledgment of occupational therapists as involved in MTSS programs, reporting that OTs are always included (33% for hired only; 9% for both). Whereas those reporting the use of contracted services only reported somewhat agree (n=14, 93%) or never (n=1, 7%). T-tests were run; however, due to the small number of participants and the format of the questions, no statistical significance (at  $p=0.05$  level) was found in the responses for the implementation of a workload model across districts that hired, contracted, or employed both.

## **Discussion**

The purpose of this capstone was to determine administrators' understanding and perceived effectiveness and value of occupational therapy's expanded role, explore how OT services are currently being incorporated that align with current federal legislation, and understand what impacts the decisions with regard to implementing OT services in public schools on Long Island. This study's response rate was low, raising questions about its generalizability to all of Long Island's public schools. Furthermore, with the survey distribution, some respondents may have been from the same district. Considering the respondents' reported positions, it can be ascertained that responses have been received from at least 12 different public school districts. The low response rate could explain why there is a void in the literature about administrators' perceptions regarding the successful implementation of OT services.

### *Perception and Value of OT Services*

Individual and group services were perceived as more effective than contextual group and individual services. The numbers and percentages were similar when very effective and extremely effective responses were combined (See Figure 6). Additionally, direct individual and group services were perceived as extremely effective more than contextual individual and group services. This may be attributed to interpretation or a need for more understanding of contextual services versus direct. However, when combining the very effective and extremely effective responses, the differences in direct and contextual services were minimal (Figure 6). The strong support for the effectiveness of direct services and participant reports of the value of collaboration and consultation (See Table 2) is consistent with the research provided (Bolton & Plattner, 2020; Edick et al., 2023). Preventative programming and screenings were reported most frequently as least successfully implemented by occupational therapy. The limited recognition of the perceived success of OT in this capacity questions whether occupational therapists are being utilized enough for other professions to see the efficacy of their involvement versus occupational therapists not being effective in these roles.

Responses were compared among two of the larger participant response groups: the Directors of Special Education (n=14) and the Principals (n=5), as the primary investigator perceives these two positions as the professions that would be in most direct contact with occupational therapists in the district. There was no significant difference in the report of familiarity with IDEA and ESSA between the two participant groups. However, the Directors of Special Education reported greater overall value and effectiveness of occupational therapy services versus the Principals. Considering the intrinsic and extrinsic factors of the PEO model, the following considerations may contribute to the statistical differences. The overall years in administrative positions for the Principals were fewer, thus limiting exposure and knowledge.

The position/job of the participants as Principals could indicate fewer years in a school-based job versus Directors of Special Education, which have steppingstones and require years of experience to move up the administrative ladder (Turley, 2024). Principals are more exposed to OTs in their building on an MTSS level versus Directors of Special Education, who have more direct exposure to OTs for children requiring direct IEP-related services. Additionally, the data reveals that more than half of the respondents utilize contracted providers and indicate direct services as most valued and effective, which supports a caseload model. A caseload model does not allow for impactful services, such as consultation, collaboration, and professional development, which allows opportunities for OTs to demonstrate and share their knowledge and expertise and advocate for expanded roles. This lack of exposure or knowledge could greatly impact an administrator's perspective on what they feel could be valuable or beneficial to the school community.

### ***Embedded Services and MTSS***

Most participants somewhat or strongly agreed that OT services were currently embedded effectively in their district to support students and teachers (See Figure 8). This number supports the 50% report of using a workload model. Still, it is inconsistent with the reported use of occupational therapists at the tier levels and the reported effectiveness of services outside direct services. Administrative support was ranked second highest as necessary for the successful implementation of OT services. It appears the administrators recognize what would be best and how occupational therapists could be utilized to support positive student outcomes; however, they are not employing for change. Considering the intrinsic and extrinsic factors defined in PEOP and support from the data, this may be due to budget constraints, limited support for change, limited awareness of how to incorporate occupational therapists in MTSS, or



complacency with the current role of OT in their district. The most significant barrier identified for including OT in MTSS was that services were primarily based on IEP needs (see Figure 12).

### ***Current Legislation, OT Implementation and Staffing***

Services based on IEP minutes support a caseload model and are not in line with IDEA and ESSA. Participants reported that their current staffing model supports direct services, consultation, and collaboration (Figure 12). However, collaboration is not reported in equal value when asked which ways the role of OT is being successfully implemented (Figure 8).

Additionally, consultation was not ranked in the top 5 as perceived as having the most significant impact on the successful implementation of OT services. This leads to the question of whether those respondents reporting a workload model know and understand the definition of the workload model and if it is genuinely being implemented in their district. Furthermore, if districts implement a workload model, they would be staffed to support occupational therapy's expanded roles as outlined through ESSA and IDEA. It is this researcher's experience that the majority of public school districts on Long Island do not follow a workload model and do not staff to support OT's expanded roles. Likewise, the data supports that direct services remain perceived as the most successful and valued OT services, supported by current staffing models and not federal laws.

It has been considered that there may have been some confusion with the survey question or limited knowledge of the participant regarding whether their district hires or contracts their providers. Regarding occupational therapy personnel, 48% of the participants (n=14) reported they only contract their OT personnel, and only 10% (n=3) reported they hire only. Based upon the cross-tabulation of select questions, no significant differences were found by type of staffing model. These results are consistent with the literature for reported difficulties and inconsistencies in occupational therapist's ability to effectively engage in expanded roles and

reflect the current status of implementation of workload models (Bolton & Plattner, 2020; Garfinkel & Seruya, 2018).

Although the results of this capstone project were not statistically significant, trends emerged through manual inspection of the isolated responses of special education directors. There appears to be some relationship between the special education directors' reported familiarity with federal laws and their reported value and perceived effectiveness of occupational therapy services. More than half the participants who reported greater familiarity with ESSA and IDEA reported higher values and perceived effectiveness of occupational therapy services (57% for value, 64% for effectiveness) as noted in Figures 5 and 6. Additionally, the directors of special education showed a higher prevalence of perceptions of effectiveness over the value of services than the rest of the participants. Furthermore, those participants with 2-10 years in their administrative position reflected more variance in familiarity with the laws versus participants with more years in their administrative position, which may reflect increased exposure and confidence in the subject due to years of experience.

### **Strengths and Limitations**

Several limitations were identified in this capstone project. The small sample size contributes to this study's lack of statistical significance for generalization across Long Island's two counties. The timing of the survey release may have contributed to the low numbers, in addition to technical difficulties with using the Qualtrics survey and the inconsistencies in survey completion. The survey design may have limited responses and usability. The use of forced choices may have been beneficial for ensuring the completion of all questions in every survey but may have also resulted in participants resigning from completion. The use of rank-order questions limited the effectiveness of cross-tabulations and analysis of specific participant

responses. Finally, it must be trusted that participants were responding honestly. The survey design's strengths were that it provided some depth of understanding of the capstone project's objectives and the survey did not ask for specifics on participant location, maintaining an additional level of anonymity. However, this study provides a local perspective of the administrator's perceptions in two counties, reinforcing the initial purpose and interest of the researcher.

### **Implications for Practice**

The result of this capstone project questions the reality of how OT services are implemented in public schools on Long Island, a select local area. The responses favor a caseload staffing approach, which is based upon the medical model, and Tier 3 services per IDEA legislation. The services offered and provided do not consistently support the full scope of practice for school-based occupational therapists as outlined in federal legislation. This warrants the need for advocacy and continuing education of administrators by occupational therapy providers regarding the expanded roles of OT, evidence-based research supporting workload models, and occupational therapy's contributions to positive student outcomes.

### **Future Research**

The timing of supplemental research involving administrator participation should be considered to yield a greater response rate. Additionally, the inclusion criteria could be scrutinized and limited to one title/position, such as Directors and Assistant Directors of Special Education, to increase confidence in the number of responses across a known number of districts. As this study indicated, most respondents felt occupational therapists were successfully utilized in MTSS; a further study could delve into the specifics of what ways they are utilized. Additional research may also consider Assistant Superintendents for Business in the inclusion

criteria as this position has authority for contractual business decisions for staffing. This primary researcher was limited to a survey-style investigation to reduce bias and increase participation as the study was conducted among districts of exposure and familiarity. Future research utilizing interviews and allowing for probing may add depth to the study by capturing the participants' unique views and perspectives on OT implementation and roles.

## **Conclusion**

IDEA and ESSA provide the foundation for outlining and supporting occupational therapy providers as integral members of the school-based community. Occupational therapy providers need to take the opportunity to take a seat at the table and use that support and knowledge to articulate their position and value in schools and advocate for their clients and their discipline (Lavendure, 2017).

The PEO model encourages consideration of the factors impacting individual participants' roles and their perspectives on occupational therapy services. Directors of Special Education may have the most direct contact with related service personnel and the implementation of direct services. In contrast, principals may have more awareness and involvement in interpreting and implementing occupational therapy services in their buildings across the tiers of MTSS. Availability of space, staff support, student population variations, supplies/equipment, district needs, and staff knowledge can vary from building to district and impact programming decisions and choices. Knowledge of federal legislation may vary with age/experience and education level, further impacting decisions. Understanding these variables and factors is essential for occupational therapists working in schools to understand and be aware of to guide and drive collaboration, consultation, education and advocacy for occupational therapy's benefit to the school community and positive student outcomes.

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## Appendices

### Appendix A: IRB Approval Letter

Hello Suanne Waldron,

Congratulations! Using a limited review process, the Institutional Review Board at Eastern Kentucky University (FWA00003332) has approved your request for an exemption determination for your study entitled, "Administrators' Perspectives on Successful Implementation of Occupational Therapy Services in the School-Based Setting" This status is effective immediately and is valid for a period of three years as long as no changes are made to the study as outlined in your limited review application. If your study will continue beyond three years, you are required to reapply for exemption and receive approval from the IRB prior to continuing the study.

As the principal investigator for this study, it is your responsibility to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects and comply with applicable University policies and state and federal regulations. Please read through the remainder of this notification for specific details on these requirements.

**Adverse Events:** Any adverse or unexpected events that occur in conjunction with this study should reported to the IRB immediately and must be reported within ten calendar days of the occurrence.

**Changes to Approved Research Protocol:** If changes to the approved research protocol become necessary, a Protocol Revision Request must be submitted for IRB review, and approval must be granted prior to the implementation of changes. If the proposed changes result in a change in your project's exempt status, you will be required to submit an application for expedited or full review and receive approval from the IRB prior to implementing changes to the study. Changes include, but are not limited to, those involving study personnel, subjects, recruitment materials and procedures, and data collection instruments and procedures.

**Registration at ClinicalTrials.gov:** If your study is classified as a clinical trial, you may be required by the terms of an externally-sponsored award to register it at ClinicalTrials.gov. In addition, some medical journals require registration as a condition for publication. In the case of journals with membership in the International Committee of Medical Journal Editors, clinical trials must be registered prior to enrolling subjects. It is important that investigators understand the requirements for specific journals in which they intend to publish. In the case of sponsored project awards, timeline requirements will vary for awards that require registration. Approved consent forms must be uploaded in the system for all Federally-funded clinical trials after subject enrollment has closed, but earlier registration is not required for all agencies. If you have questions about whether a sponsored project award requires registration and on what timeline, please send an email to [tiffany.hamblin@eku.edu](mailto:tiffany.hamblin@eku.edu) before beginning recruitment so that the specific terms of the award can be reviewed. If you have a need to register your study and do not

have an account in the system, please send an email to [lisa.royalty@eku.edu](mailto:lisa.royalty@eku.edu) and request to have a user account created.

If you have questions about this approval or reporting requirements, contact the IRB administrator at [lisa.royalty@eku.edu](mailto:lisa.royalty@eku.edu) or 859-622-3636.

For your reference, comments that were submitted during the review process are included below. Any comments that do not accompany an “I approve” response have been provided to you previously and were addressed prior to the review process being completed.

## Appendix B: Survey Instrument and Consent

### Administrators' Perspectives on Successful Implementation of Occupational Therapy Services in the School-Based Setting

#### Informed Consent

**You are being asked to take part in a research study** to explore administrators' perspectives on the successful implementation of occupational therapy services in school-based practice. You are being asked to complete this survey because you have been identified as an administrator in one of Long Island's public schools. The person conducting this study is an occupational therapist, Suanne Waldron, from Eastern Kentucky University (EKU).

**Purpose of the Study.** By completing this survey, we hope to gain information that will help identify actions to improve the delivery of occupational therapy services on Long Island while fulfilling best practice expectations within federal laws and utilizing the full scope of practice to maximize student outcomes and support the entire school community.

**Participation.** If you decide to take part in this study, you will be asked to complete an anonymous online survey that will take approximately 10 minutes. You will not be asked to provide your name, and no information will be linked to you. All efforts will be made to maintain anonymity. Data received from the survey will be stored through a digitally secure web-based program and shared only with the assigned ECU committee members.

Your participation is completely voluntary, and you may withdraw at any time throughout the survey. There is no potential direct gain from participating in this study. However, participants completing digital surveys may experience boredom, fatigue, headache, or eye strain from completing an online survey. It is suggested that, if necessary, participants stand or take a break and return to the survey when ready.

**Eligibility.** If you do not feel comfortable completing this survey, then you should not. Targeted participants should meet the following criteria:

- An adult 18 years or older who speaks and reads English.
- Are a Principal, Director of Special Education, Director of Pupil Personnel Services, Assistant Superintendent of Curriculum or Instruction, Assistant Superintendent of Human Resources, or the Superintendent of Schools.
- Has held an administrative position for at least two years.
- Has earned an administrative degree at the graduate level.
- Is currently employed by the district as an administrator.
- Have occupational therapists working in their district.

If you have any questions about the study, please contact Suanne Waldron at [suanne\\_waldron1@mymail.eku.edu](mailto:suanne_waldron1@mymail.eku.edu). If you have any questions about your rights as a research volunteer, you may contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

By clicking on the link to the survey, you agree that you understand the information provided to you and that your participation in the study is voluntary. **By accessing the survey, you are**

**consenting to your participation in this study.**

Thank you for your time and consideration!

Sincerely, Suanne Waldron, OTR/L  
Doctor of Occupational Therapy Program Eastern Kentucky University  
[Suanne\\_waldron1@mymail.eku.edu](mailto:Suanne_waldron1@mymail.eku.edu)  
Committee Chair: Shirley O'Brien, Ph.D., OTR/L, FAOTA

1. What is your familiarity with the role of occupational therapy (OT) in school-based practice as outlined through the Individuals with Disabilities Education Act (IDEA)?
  - Not familiar but interested in learning more
  - Slightly familiar but continuing to learn
  - Moderately familiar
  - Very familiar
  - Extremely familiar
2. What is your familiarity with the role of OT in school-based practice as outlined through Every Student Succeeds Act (ESSA)?
  - Not familiar but interested in learning more
  - Slightly familiar but continuing to learn
  - Moderately familiar
  - Very familiar
  - Extremely familiar
3. In which ways do you feel the role of OT is being successfully implemented in your district? Check all that apply.
  - Direct services
  - In context services
  - Interprofessional collaboration
  - Involvement in multi-tiered system of supports (MTSS)
  - Involvement in response to intervention (RTI)
  - Preventative programs
  - Professional development
  - Teacher consults
  - Other: \_\_\_\_\_
4. Which factors do you perceive as having the greatest impact on the successful implementation of OT services in your district? Please select your top 5 and rank them based on their level of impact from 1 = most impact to 5 = least impact.

Administrative support



Appropriate space  
 Attendance at Committee on Special Education (CSE) meetings  
 Attendance at staff meetings  
 Budget  
 Employment status (contract vs. hired)  
 Equipment  
 Excessive Individualized Education Program (IEP) frequencies/minutes  
 Inclusion in team meetings  
 Reimbursement  
 Staff support  
 Time for consultation  
 Time for documentation  
 Time for interprofessional collaboration  
 Understanding of the role of OT  
 Other: \_\_\_\_\_

5. What is the value of occupational therapy involvement in the following services?

*Not valued at all*    *Slightly valued*    *Moderately valued*    *Very valued*    *Extremely valued*

Developing evidence-based curriculum  
 Group instruction  
 Individualized instruction  
 Positive behavior supports  
 Professional development  
 Universal screenings

6. In your district experience, what is the perceived effectiveness of the following occupational therapy services in addressing positive student outcomes?

*Not effective at all*    *Slightly effective*    *Moderately effective*    *Very effective*    *Extremely effective*

Contextual group services  
 Contextual individual services  
 Direct group services (non-integrated)  
 Direct individual services (non-integrated)  
 Evaluations/re-evaluations  
 Goal development  
 Interprofessional collaboration  
 Parent communication/consultation  
 Progress monitoring  
 Referrals

## Teacher consultation

7. Occupational therapy services in my district are currently embedded effectively to support students and teachers.

*Strongly disagree   Somewhat disagree   Neither agree nor disagree   Somewhat agree   Strongly agree*

8. In what ways are occupational therapy collaborative and consultative services implemented? Check all that apply.

	Tier 1	Tier 2
Tier 3		
Committee on Special Education (CSE) meetings		
Direct service		
In context services		
Kindergarten screenings		
Planning meetings		
Response to Intervention (RTI) meetings		
Team meetings		
Transition planning		
Other: _____		

9. Are occupational therapists in your district included in the implementation of multi-tiered system of supports (MTSS)?

*Never                      Sometimes                      Always*

10. Which of the following do you perceive most impacts the inclusion of occupational therapy in MTSS?

- Lack of knowledge of the role of OT in MTSS
- OT services are based on needs indicated on IEPs
- Provider availability

- Provider knowledge/skill
- Reimbursement for time

11. How is knowledge of the role of OT in school-based practice, as outlined in legislation, used when considering staffing models?

- It is not a determining factor in staffing decisions
- It is considered but we are unable to staff accordingly at this time
- We make every effort to staff accordingly

12. Do you currently utilize a workload model for the provision of occupational therapy services?

- No
- Yes

13. Please rank the following components in order of which most impact the ability to implement a workload model in your district from 1 = most impact to 7 = least impact.

- Availability of providers
- Budget
- Interest
- Knowledge of implementing workload models
- Reimbursement
- Staffing
- Other: \_\_\_\_\_

14. Please check how you feel the following areas are impacted by your current staffing model.

*Negatively*      *Positively*      *No Impact*

Attendance at CSE meetings

Collaboration

Consultation

Direct services

Documentation

Implementation of MTSS

Parent Communication

15. Your current title/position:

- Assistant Superintendent of Curriculum or Instruction
- Assistant Superintendent of Human Resources
- Director of Pupil Personnel Services

- Director of Special Education
- Principal
- Superintendent of Schools
- Other: \_\_\_\_\_

16. Years in an administrative position:

- 2-10 years
- 11-20 years
- 21-30 years
- 31-40 years
- 41+ years

17. Highest level of education:

- M.A.
- M.S.
- M.Ed.
- Ed.D.
- Ph.D.
- Other: \_\_\_\_\_

18. District size:

- <1,999 students
- 2,000-3,999 students
- 4,000-5,999 students
- 6,000-7,999 students
- 8,000-9,999 students
- 10,000+ students

19. Percentage of students with disabilities:

- 0-5%
- 6-10%
- 11-15%
- 16-20%

20. Occupational therapy personnel: (Select all that apply)

- Hired staff
- Contracted staff

Number of agencies contract with: \_\_\_\_\_  Unsure

21. Please feel free to provide any additional experiences or thoughts regarding the implementation of occupational therapy services in your district.

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We thank you for your time spent taking this survey.

Your responses have been recorded.

## Appendix C: Email Script to LIASEA President

Dear Ms. Desiderio,

I am a school-based occupational therapist on Long Island. I am requesting your assistance for a research study I am conducting as I pursue my Doctor of Occupational Therapy degree through Eastern Kentucky University. As part of my capstone project, I am conducting a survey to explore administrators' perspectives on the successful implementation of occupational therapy services in the school-based setting. By completing this survey, I hope to gain information that will help identify actions to improve the delivery of occupational therapy services on Long Island while fulfilling best practice expectations within federal laws and utilizing the full scope of occupational therapy practice to maximize student outcomes.

As a school-based practitioner on Long Island for twenty-five years, I am looking to ensure that occupational therapy services are utilized to the full scope of practice to support the entire school community.

I would greatly appreciate your assistance in helping me make an impact by forwarding this survey invitation link to those administrators in your organization who may have the authority to make decisions regarding the hiring and/or management of related service personnel, the implementation of special education services, or the implementation of multi-tiered system of supports (MTSS) programs and services in districts throughout Nassau and Suffolk counties.

[https://eku.co1.qualtrics.com/jfe/form/SV\\_bvzULIZGdjoVqOW](https://eku.co1.qualtrics.com/jfe/form/SV_bvzULIZGdjoVqOW)

Thank you so much for your time!

Sincerely,

Suanne Waldron, OTR/L  
Occupational Therapist  
[Suanne\\_Waldron1@mymail.eku.edu](mailto:Suanne_Waldron1@mymail.eku.edu)

## Appendix D: Email Script to Superintendents

To Whom It May Concern,

I am a school-based occupational therapist on Long Island. I am requesting your participation in a research study I am conducting as I pursue my Doctor of Occupational Therapy degree through Eastern Kentucky University. As part of my capstone project, I am conducting a survey to explore administrators' perspectives on the successful implementation of occupational therapy services in the school-based setting. By completing this survey, I hope to gain information that will help identify actions to improve the delivery of occupational therapy services on Long Island while fulfilling best practice expectations within federal laws and utilizing the full scope of occupational therapy practice to maximize student outcomes.

As a school-based practitioner on Long Island for twenty-five years, I am looking to ensure that occupational therapy services are utilized to the full scope of practice to support the entire school community.

I would greatly appreciate your assistance in helping me make an impact by completing the survey yourself and forwarding this survey invitation to those administrators in your district who have the authority to make decisions regarding the hiring and/or management of related service personnel, the implementation of special education services, or the implementation of multi-tiered system of supports (MTSS) programs and services in your district.

[https://eku.co1.qualtrics.com/jfe/form/SV\\_bvzULIZGdjoVqOW](https://eku.co1.qualtrics.com/jfe/form/SV_bvzULIZGdjoVqOW)

Thank you for your time and participation!

Suanne Waldron, OTR/L  
Occupational Therapist  
[Suanne\\_Waldron1@mymail.eku.edu](mailto:Suanne_Waldron1@mymail.eku.edu)

## Appendix E: Email Script to Others (Non-Superintendents)

To Whom It May Concern,

I am a school-based occupational therapist on Long Island. I am pursuing a Doctor of Occupational Therapy degree through Eastern Kentucky University. As part of my capstone project, I am conducting a survey to explore administrators' perspectives on the successful implementation of occupational therapy services in the school-based setting. By completing this survey, I hope to gain information that will help identify actions to improve the delivery of occupational therapy services on Long Island while fulfilling best practice expectations within federal laws and utilizing the full scope of occupational therapy practice to maximize student outcomes.

As a school-based practitioner on Long Island for twenty-five years, I am looking to ensure that occupational therapy services are utilized to the full scope of practice to support the entire school community.

I would greatly appreciate your assistance in helping me make an impact by using the link below to access the consent and complete the survey.

[https://eku.co1.qualtrics.com/jfe/form/SV\\_bvzULIZGdjoVqOW](https://eku.co1.qualtrics.com/jfe/form/SV_bvzULIZGdjoVqOW)

Thank you for your time and participation!

Suanne Waldron, OTR/L  
Occupational Therapist  
[Suanne\\_Waldron1@mymail.eku.edu](mailto:Suanne_Waldron1@mymail.eku.edu)