

RUBRIC ASSESSMENT: OCCUPATIONAL/PHYSICAL THERAPIST

Date ☐ Self-Assessment ☐ Evaluator Assessment ☐

Formal Observation ☐ Individual Growth Project ☐ Intensive Support Plan ☐ Summative ☐

Domain 1: Planning and Preparation

In order to guide student goal and achievement, therapists must have a command of their discipline. They must know and utilize evidenced-based practice in conjunction with professional experience, with consideration of family cultures and traditions. Accomplished therapists understand the importance of clinical observation as well as standardized testing to plan and prepare for service delivery.

Therapists must demonstrate a sufficient knowledge of child and adolescent development and differences in development. Therapist must understand that students learn in individual ways and may come with gaps in their learning and development. Cultures, traditions and outside interests are considered in planning and preparations. These considerations are taken into account when planning and preparing for goal and achievement.

Component	Failing	Needs Improvement	Proficient	Distinguished
<i>1a: Demonstrating Knowledge of Content and Pedagogy/Demonstrating Skill Relative to Area of Expertise</i>	Therapist makes treatment errors due to limited knowledge of content, skills and strategies.	Therapist has some knowledge of content, skills and strategies and applies knowledge inconsistently to practice.	Therapist has adequate knowledge of content, skills and evidence-based strategies and applies knowledge consistently to practice and within a context of interdisciplinary collaboration and problem-solving.	Therapist has extensive knowledge of content, skills and evidence-based strategies and applies knowledge consistently to practice and within a context of interdisciplinary collaboration and problem-solving. Therapist is committed to building on knowledge base and collaborating with other educators in order to facilitate collective expertise and improved outcomes.
<i>Evidence/Examples</i>	Therapist does not know how to improve, develop or restore functions impaired or lost for a student who was recently in a severe car injury. Therapist is unable to provide educators and parents with strategies to restore the functions of walking and eating.	Therapist has some knowledge regarding how to improve, develop or restore functions impaired or lost for a student who was recently in a severe car injury. Therapist is able to provide educators and parents with a few strategies to restore the functions of walking and eating.	Therapist discusses how to improve, develop or restore functions impaired or lost for a student who was recently in a severe car injury. Therapist is able to provide educators and parents with strategies to restore the functions of walking and eating.	Therapist works with a team of stakeholders to improve, develop or restore functions impaired or lost for a student who was recently in a severe car injury. Therapist is able to provide a team with highly effective strategies for restoring the functions of walking and eating.

Component	Failing	Needs Improvement	Proficient	Distinguished
<i>1b: Demonstrating Knowledge of Students/Demonstrating Knowledge of Child Development and Individual Needs</i>	<p>Therapist does not understand child development and theory.</p> <p>Therapist is not aware of the individual's interests, background, and/or strengths/needs.</p>	Therapist has some understanding of child development/theory and the individual's needs, strengths, interests and culture. This knowledge is incorporated within service delivery and treatment planning inconsistently.	Therapist has adequate understanding of child development/theory and the individual's needs, strengths, interests and culture. This knowledge is incorporated within service delivery and treatment planning on a consistent basis.	<p>Therapist has extensive understanding of child development/theory and the individual's needs, strengths, interests and culture.</p> <p>This knowledge is incorporated within service delivery and treatment planning on a consistent basis. Knowledge and progress-monitoring is used to evaluate student response to treatment, educate and involve other team members and make changes accordingly.</p>
<i>Evidence/Examples</i>	<p>In response to learning that a child had an interest in playing basketball, the therapist did not use this interest and related skills to motivate a student with poorly developed fine and gross motor skills.</p> <p>The therapist did not use an interpreter to help a family that did not speak English gather critical information about their child's developmental needs.</p>	<p>In response to learning that a child had an interest in playing basketball, the therapist used this interest to build rapport with the student.</p> <p>The therapist worked with an interpreter to help a family that did not speak English gather some information about a child's developmental needs but did not apply this information to the treatment plan.</p>	<p>In response to learning that a child had an interest in playing basketball, the therapist used this interest and related skills to motivate a student with poorly developed fine and gross motor skills.</p> <p>The therapist worked with an interpreter to help a family that did not speak English gather critical information about their child's developmental needs.</p>	<p>The therapist and student worked together to develop an appropriate treatment plan that aligned with the student's interest in becoming a basketball player.</p> <p>The therapist worked with an interpreter to help a family that did not speak English gather critical information and conjointly develop strategies to help their child develop fine motor skills at home.</p>
Component	Failing	Needs Improvement	Proficient	Distinguished
<i>1c: Setting Service Delivery Outcomes/Setting Instructional Outcomes</i>	The therapist does not identify developmentally appropriate, meaningful and/or measurable service delivery outcomes.	The therapist is usually able to identify high but realistic, developmentally appropriate, meaningful and/or measurable service delivery outcomes.	The therapist identifies high but realistic, developmentally appropriate, meaningful and/or measurable service delivery outcomes on a consistent basis.	<p>The therapist identifies high but realistic, developmentally appropriate, meaningful and/or measurable service delivery outcomes on a consistent basis.</p> <p>Service delivery outcomes are directly linked to professional standards and are collaboratively developed and integrated within a comprehensive treatment plan.</p>
<i>Evidence/Examples</i>	Therapist understands that a student must attempt to go to the bathroom in the toilet but does not establish a measurable goal.	Therapist understands that a student must attempt to go to the bathroom in the toilet and begins with a goal of 1 time per day but does not specify how this will be facilitated.	Therapist understands that a student must attempt to go to the bathroom in the toilet and begins with a goal of 1 time per day with adult prompting.	<p>Therapist understands that a student must attempt to go to the bathroom in the toilet and begins with a goal of 1 time per day with adult prompting.</p> <p>Parents, teacher and therapist discuss extrinsic reinforcement for use with this process at home.</p>

Component	Failing	Needs Improvement	Proficient	Distinguished
<i>1d: Demonstrating Knowledge of Resources</i>	Therapist demonstrates little or no knowledge of resources.	Therapist demonstrates some knowledge of resources.	Therapist demonstrates sufficient knowledge of evidence-based and/or high-quality resources. Resource knowledge is used to enhance service delivery.	Therapist demonstrates extensive knowledge of evidence-based and/or high-quality resources. Resource knowledge is shared to enhance collaboration, monitor and improve service delivery outcomes.
<i>Evidence/Examples</i>	Therapist does not consult the peer-reviewed research regarding how to best treat severe sensory processing issues. Therapist does not know how to find the most current review of reliable and valid gross motor function measures.	Therapist uses the internet to identify strategies related to the treatment of severe sensory processing issues but does not know if the strategies are research-based. Therapist knows how to find a list of gross motor function measures but does not know anything about their psychometric properties.	Therapist consults peer-reviewed journal regarding sensory processing challenges. Therapist knows where to go to find the most current review of reliable and valid gross motor function measures.	Therapist consults peer-reviewed journal regarding sensory processing challenges and shares this knowledge and resource with others. Therapist knows where to go to find the most current review of reliable and valid gross motor function measures and shares this information with others.
Component	Failing	Needs Improvement	Proficient	Distinguished
<i>1e: Designing Coherent Instruction/Designing Coherent Service Delivery</i>	Therapist is unable to design services that are comprehensive in nature and well-integrated.	Design of service delivery is usually comprehensive and well-integrated. Service delivery design reflects some attempts to adjust activities, strategies and/or treatment options.	Design of service delivery is consistently comprehensive and well-integrated. Service delivery design reflects ongoing attempts to adjust activities, strategies and/or treatment options based upon the student's response to treatment.	Design of service delivery is very comprehensive, well-integrated and occurs within the context of interdisciplinary collaboration and use of multiple reliable and valid data sources. Service delivery design reflects ongoing attempts to adjust activities, strategies and/or treatment options based upon student response to treatment. The service delivery design accurately reflects student needs.
<i>Evidence/Examples</i>	Therapist does not make adjustment to design of services for a student who has generalized "playing catch" to the playground and gymnasium and needs to move on to a more complex skill. Therapist does not decide to replace following a teacher with following a peer through a sequence of play structure activities for an increasing length of time for a student who also needs to develop social skills and peer relationships.	Therapist makes adjustment to design of services for a student who has generalized "playing catch" to the playground and gymnasium but the adjustment does not fit the next incremental need of the child. Therapist decides to replace following a teacher with following a peer through a sequence of play structure activities for an increasing length of time for a student who also needs to develop social skills and peer relationships. However, the peer selected has behavioral difficulties.	Therapist makes adjustment to design of services because the student has generalized "playing catch" to the playground and gymnasium and needs to move on to a more complex skill. Therapist decides to replace following a teacher with following a peer through a sequence of play structure activities for an increasing length of time because the student's IEP also includes the need to develop social skills and peer relationships.	Therapist consults relevant stakeholders to inform adjustments to design of services because a student has generalized "playing catch" to the playground and gymnasium and needs to move on to a more complex skill. Therapist consults relevant stakeholders regarding the process for replacing the following of a teacher with following a peer through a sequence of play structure activities for an increasing length of time because the student's IEP also includes the need to develop social skills and peer relationships.

Component	Failing	Needs Improvement	Proficient	Distinguished
<i>If: Designing Student Assessments/Assessing Goal Achievement</i>	There is no or very limited evaluation of whether service delivery goals were attained/resulted in positive outcomes.	There is some evaluation of whether service delivery goals were attained and/or resulted in positive outcomes.	There is ongoing evaluation of whether service delivery goals were attained and/or resulted in positive outcomes. Based upon evaluation results, changes are made to improve outcomes.	There is ongoing evaluation of service delivery outcomes. Goal achievement status is shared within the context of an interdisciplinary team who contributes to problem-solving and improved outcomes. Changes are guided by research and outcomes are routinely assessed using reliable and valid measures.
<i>Evidence/Examples</i>	<p>Therapist is working with a student to learn to kick a soccer ball for increasing lengths of time but does not define “increasing lengths of time” and who, when, where and how.</p> <p>Therapist is working on fine motor development and did not recognize that the writing materials that a student was using were not helping the student to create abstract pictures during small group and work time.</p>	<p>Therapist is working with a student to learn to kick a soccer ball for increasing lengths of time (3 minutes) but does not define “increasing lengths of time” and who, when, where and how.</p> <p>Therapist is working on fine motor development and although the therapist thought that the writing materials that a student was using may not be helping the student to create abstract pictures during small group and work time, therapist did not have a basis on which to make this assumption and did not provide suggestions or strategies to facilitate improved outcome.</p>	<p>Therapist is working with a student to learn to kick a soccer ball for increasing lengths of time (3 minutes) and defines “increasing lengths of time” and who, when, where and how.</p> <p>Based upon 5 observations, therapist concluded that the writing materials that a student was using were not helping the student to create abstract pictures during small group and work time and needed to be replaced with more appropriate materials given the student’s current fine-motor status.</p>	<p>Therapist is working with a student to learn to kick a soccer ball for increasing lengths of time (3 minutes) and not only defines “increasing lengths of time” and who, when, where and how, but discusses/collaborates with team members on ways to provide additional opportunities for practice to facilitate goal achievement.</p> <p>Based upon 5 observations and teacher, parent and student feedback, therapist and stakeholders consulted the literature for more effective writing materials that the student would be interested in trying to further develop his skills and interest in creating abstract art.</p>

Domain 2: The Environment				
Component	Failing	Needs Improvement	Proficient	Distinguished
2a: Creating an Environment of Respect and Rapport	The therapist does not create an environment that is characterized by respect and rapport. Interactions are negative, inappropriate and/or lack sensitivity to developmental, cultural and other related variables.	The therapist usually creates an environment that is characterized by respect and rapport. Communication is mostly positive, supportive and respectful. Sensitivity to developmental, cultural and other related variables is demonstrated.	The therapist consistently creates an environment that is characterized by respect and rapport. Communication is positive, supportive and respectful. Sensitivity to developmental, cultural and other related variables is consistently demonstrated.	The therapist creates an exceptionally respectful and warm environment. Rapport is easily established and maintained with students, families and other educators. Therapist is viewed as a model for sustaining an environment that facilitates exceptional growth and improvement.
Evidence/Examples	Therapist does not use active listening skills with a student who is frustrated because they keep falling. Therapist does not consult with teacher about how to assist a student with significant fine-motor difficulties and her fear of writing.	Therapist uses some active listening skills with a student who is frustrated because they keep falling. The student shows minimal response. Therapist consults with teacher about how to assist a student with significant fine-motor difficulties and her fear of writing and the teacher shows minimal receptivity.	Therapist is observed modeling active listening with a student who is frustrated because they keep falling. Therapist consults with teacher about how to assist a student with significant fine-motor difficulties and her fear of writing.	Therapist is observed modeling active listening with a student who is frustrated because they keep falling. The student confides in the therapist and they discuss coping strategies. Therapist consults with team about how to apply effective strategies to assist students with significant fine-motor difficulties.

Component	Failing	Needs Improvement	Proficient	Distinguished
2b: Establishing a Culture for Learning/Establishing a Culture for Goal Achievement	Therapist does not communicate high albeit realistic expectations for goal achievement. There is little to no student engagement in goal setting and achievement, constructive feedback, positive reinforcement for effort and/or reporting of incremental progress.	Therapist usually communicates high albeit realistic expectations for goal achievement. There is inconsistent student engagement in goal setting and achievement, constructive feedback, positive reinforcement for effort and/or reporting of incremental progress.	Therapist consistently communicates high albeit realistic expectations for goal achievement. There is meaningful student engagement in goal setting and achievement and consistent provision of constructive feedback, positive reinforcement for effort and/or reporting of incremental progress.	Therapist effectively communicates high albeit realistic expectations for goal achievement. There is meaningful student engagement in goal setting and achievement and consistent provision of constructive feedback, positive reinforcement for effort and/or reporting of incremental progress. Therapist engages stakeholders in evaluating behaviors that help to establish and sustain a culture for goal achievement. Individual and collective contributions are identified and maintained on an ongoing basis through review of client feedback and service delivery outcomes.
Evidence/Examples	Therapist does not use voice or body language to convey enthusiasm toward a student who is working on balancing strategies and is experiencing success. Therapist does not share the learning goal which is for the student to dress himself (pull up pants, put on shoes, put on/take off coat) at appropriate times throughout the school day with adult assistance and then independently.	Therapist attempts to use voice and body language to convey enthusiasm toward a student who is working on balancing strategies. Therapist shares the learning goal which is for the student to dress himself but does not break that down for the student.	Therapist engages a student in goal setting and progress-monitoring. Therapist reviews progress with the student every three weeks and reinforces growth toward the goal. Therapist is assertive but supportive with a student who is exerting limited effort during weekly sessions. Therapist works with student's family to discuss the concern, goal and foster participation in the development of a home-school plan.	Therapist and student engage in goal setting and progress-monitoring. Student reviews his progress with the therapist every three weeks and chooses a new goal. Student exerts substantial effort during weekly sessions. Therapist and family and student understand and can articulate the important of the therapy goal.
Component	Failing	Needs Improvement	Proficient	Distinguished
2c: Managing Classroom Procedures/Managing Logistics for Service Delivery	Therapist demonstrates insufficient management of procedures, routines, transitions, services delivered and the physical environment.	Therapist demonstrates some management of procedures, routines, transitions, services delivered and the physical environment.	Therapist demonstrates sufficient management of procedures, routines, transitions, services delivered and the physical environment.	Therapist demonstrates highly effective management of procedures, routines, transitions, services delivered and the physical environment. The quality of service is effectively maintained at all times because the therapist has empowered all stakeholders to share responsibility for management of procedures both in their presence and absence.
Evidence/Examples	Therapist appears to spend a significant amount of time "chasing down students" during therapy sessions.	Therapist appears to spend some amount of time "chasing down students" during therapy sessions and is working on management of procedures to enhance service time.	Therapist uses signals with students to help them know when to stop climbing, crawling, reaching or supporting themselves with assistance in order to maximize transition to the next skill.	Therapist and student develop signals to help each other know when to stop climbing, crawling, reaching or supporting in order to maximize transition to the next skill.

Component	Failing	Needs Improvement	Proficient	Distinguished
2d: Managing Student Behavior	<p>Expectations for behavior are not clear, measurable and/or student friendly.</p> <p>Behavior management techniques are punitive and ineffective. There is limited to no use of positive reinforcement.</p>	<p>Expectations for behavior are somewhat clear, measurable and/or student friendly.</p> <p>Behavior management techniques produce inconsistent levels of cooperation, compliance with directives, on-task behavior and learning/individual growth.</p>	<p>Expectations for behavior are visible, clear, measurable and/or student friendly.</p> <p>Behavior management techniques produce consistent levels of cooperation, compliance with directives, on-task behavior and learning/individual growth.</p>	<p>Expectations for behavior are visible, clear, measurable and/or student friendly.</p> <p>Behavior management techniques produce consistent levels of cooperation, compliance with directives, on-task behavior and learning/individual growth.</p> <p>Therapist works in concert with other stakeholders to improve positive behavioral support techniques and add to their repertoire of skills with students who may present with more challenging behavior.</p>
Evidence/Examples	<p>Therapist has 4-5 rules posted in her setting but they are stated as “what not to do” rather than “what to do”. Many students do not comply with the rules and are not positively reinforced for demonstrating appropriate behavior.</p> <p>Therapist does not discuss behavior expectations or used forceful correction directed at child misbehaving and does not praise child for good behavior.</p>	<p>Therapist has 4-5 rules posted in her setting but some are stated as “what not to do” rather than “what to do”. Some students are not positively reinforced for demonstrating appropriate behavior.</p> <p>Therapist does not discuss behavior expectations or used voice tone and body language inappropriate for child's level directed at child misbehaving and rarely praises child for good behavior.</p>	<p>Therapist has 4-5 rules posted in her setting. Students comply with the rules and are positively reinforced for demonstrating appropriate behavior.</p> <p>Therapist in concert with parents developed a behavior plan to increase and reward compliance with directives for a student who was refusing to cooperate.</p>	<p>Therapist has 4-5 rules posted in her setting that the students helped to develop and understand. Students support each other with compliance so that therapy sessions run smoothly.</p> <p>Therapist in concert with other educators and parents developed a behavior plan to increase and reward compliance with directives for a student who was refusing to cooperate.</p>
Component	Failing	Needs Improvement	Proficient	Distinguished
2e: Organizing Physical Space	<p>The physical environment is unsafe because of poor organization. Resources that are needed to deliver high-quality services are inaccessible and prevent goal achievement.</p>	<p>The physical environment is usually safe. Resources needed to deliver high-quality services are accessible most of the time.</p>	<p>The physical environment is safe on a consistent basis. Resources needed to deliver high-quality services are accessible.</p>	<p>The physical environment is safe on a consistent basis. Resources needed to deliver high-quality services are accessible.</p> <p>Organization of physical space is routinely monitored relative to individual needs, service provision and response and adjusted accordingly while adhering to regulations and research.</p>
Evidence/Examples	<p>Therapist does not remove balls that they used with a former student and the next student tripped and fell over the ball.</p> <p>Therapist uses an inappropriate work space for a child working on fine motor skills.</p>	<p>Therapist threw a ball to a student who was working on catching skills but the ball was too hard for the student who needed a softer material.</p> <p>Therapist does not provide adequate work space for a child working on fine motor skills.</p>	<p>Upon verbal command, students were able to jump with both feet and hop on 1 foot in an area that did not have any other obstacles.</p> <p>Therapist provides adequate work space for a child working on fine motor skills.</p>	<p>Students assist the therapist with putting away any obstacles or mechanisms that would interfere with their ability to jump with both feet and hop on 1 foot.</p> <p>Therapist not only provides adequate work space for a child working on fine motor skills but explores other options to improve performance such as use of slant boards.</p>

Domain 3: Service Delivery				
Component	Failing	Needs Improvement	Proficient	Distinguished
3a: Communicating with Students	Communication with children is unclear, developmentally inappropriate, and/or results in confusion, frustration and mistrust.	Communication with children is usually clear, developmentally appropriate, and/or results in trust and rapport.	Communication with children is clear, developmentally appropriate, and/or results in trust and rapport. Effective communication patterns serve to enhance the overall quality of services that are provided.	Communication with children is exceptionally clear, developmentally appropriate, and/or results in trust and rapport. Exceptional communication skills with children and other stakeholders serve to enhance the overall quality of services that are provided. Communication skills are continually evaluated in order to make adjustments that will improve the quality of the relationship and intended outcomes.
Evidence/Examples	Therapist says to Kindergarten student “We are going to work on your performance in the area of upper body dressing, so that you become independent in unsupported sitting within 6 months.”	Therapist says to Kindergarten student “We are going to work on your dressing skills, so that you can put your sweatshirt on by yourself in unsupported sitting within 6 months.”	Therapist tells student “We are going to work together to help you learn how to pull-over your shirt while you are sitting – the goal is to do this with as little adult help as possible.”	Therapist and student agree that the next goal is for the child to learn to pull over his shirt while in a sitting position. The therapist and student came up with a goal of trying to do this within 3 minutes with an appropriate reward for effort and improvement in dressing skills.

Component	Failing	Needs Improvement	Proficient	Distinguished
3b: Using Questioning and Discussion Techniques/ Gathering Information	Information-gathering techniques are based upon unreliable and invalid data sources and are limited in scope. Information-gathering techniques render treatment planning ineffective.	Information-gathering techniques are based upon mostly reliable and valid data sources. At times, the process may be less than comprehensive in nature and result in lower quality treatment planning.	Information-gathering techniques are based upon reliable and valid data sources. The information gathering process is comprehensive in nature and results in high-quality treatment plans.	Information-gathering techniques are based upon a broad continuum of reliable and valid data sources. The information gathering process is comprehensive in nature and results in high-quality treatment plans. Information gathering techniques are continuously evaluated and expanded based upon the research on best practice on information gathering techniques and resources for therapists.
Evidence/Examples	Due to incomplete information, the therapist did not know that the student and family were working on his ability to walk 25 feet from the family room to the kitchen during dinner time each day. Short Term Goals (within 3 months): –The patient will transition to standing from the floor through half-kneeling with supervision 4/5 trials for 3 consecutive treatment sessions. –The patient will sit unsupported in short-leg sitting for 3 minutes to enable upright activities.	Due to partial information, the therapist knew that the patient needed to develop the ability to sit unsupported in short-leg sitting to perform upright activities but did not know the student also needed to learn to transition to standing from the floor to kneeling with supervision as well.	Based upon the gathering of reliable and valid information, the therapist was able to develop relevant short term goals related to the long-term goal of walking for a student on their caseload.	Based upon the gathering of reliable and valid information and consultation with other stakeholders, the therapist was able to develop relevant short term goals related to a unique issue that they had never addressed in their practice.

Component	Failing	Needs Improvement	Proficient	Distinguished
3c: Engaging Students in Learning/Engaging Children in Goal Achievement	<p>Therapist's activities and assignments are inappropriate to the service delivery outcomes.</p> <p>Therapist's grouping of children is inappropriate to the service delivery outcomes.</p> <p>Therapist's materials and resources are inappropriate to the children's cultures or levels of understanding, resulting in little engagement.</p> <p>Therapist's service delivery has no structure or is poorly paced.</p>	<p>Occasionally, therapist's activities and assignments are appropriate to the service delivery outcomes.</p> <p>Occasionally, therapist's grouping of children is appropriate to the service delivery outcomes.</p> <p>Occasionally, therapist's materials and resources are appropriate to the children's cultures or levels of understanding, resulting in moderate engagement.</p> <p>Therapist's service delivery occasionally has a recognizable structure but is not fully maintained.</p>	<p>Therapist's activities and assignments are fully appropriate to the service delivery outcomes.</p> <p>Therapist's grouping of children is fully appropriate to the service delivery outcomes.</p> <p>Therapist's materials and resources are fully appropriate to the children's cultures or levels of understanding, resulting in high level of engagement.</p> <p>Therapist's service delivery's structure is coherent, with appropriate pace.</p>	<p>Therapist's activities and assignments are fully appropriate to the service delivery outcomes.</p> <p>Therapist's grouping of children is fully appropriate to the service delivery outcomes.</p> <p>Therapist's materials and resources are fully appropriate to the children's cultures or levels of understanding. Children are highly engaged throughout the service delivery in significant goal achievement.</p> <p>Therapist's service delivery's structure is coherent, with appropriate pace and is adapted as needed to the needs of individuals.</p> <p>The structure and pacing allow for Child self-initiation.</p>
Evidence/Examples	<p>The student is not motivated to advance from following a 1 step verbal direction to a 3 step verbal direction.</p> <p>The therapist does not underscore the importance of the student's ability to follow a 2 step written direction.</p>	<p>The therapist attempts to motivate the student to follow more complex directions but does not know the student well enough to identify meaningful sources of reinforcement.</p> <p>The therapist attempts to underscore the importance of the student's ability to follow a 2 step written direction but does not involve the student and just lectures about the importance.</p>	<p>The therapist attempts to motivate the student to follow more complex directions and they select accommodations and strategies that will be helpful.</p> <p>The therapist and student discuss the importance of the student's ability to follow a 2 step written direction and the therapist incorporates resources that are helpful.</p>	<p>The student is motivated to follow more complex directions and independently identifies strategies they think will work for them.</p> <p>A student reviews a number of effective resources that will help his ability to follow 2 step written directions and chooses the one that he feels will be best for him.</p>

Component	Failing	Needs Improvement	Proficient	Distinguished
3d: Using Assessment in Service Delivery	<p>Therapist does not use assessment in service delivery and/or to monitor progress.</p> <p>Child lacks awareness of the assessment criteria.</p> <p>Therapist does not provide feedback to child and team.</p>	<p>Therapist occasionally uses assessment in service delivery and/or progress monitoring.</p> <p>Child is aware of some of the assessment criteria.</p> <p>Therapist provides occasional feedback to child and team and feedback may be uneven.</p>	<p>Therapist frequently uses assessment in service delivery and/or progress monitoring.</p> <p>Child and/or team is fully aware of the assessment criteria.</p> <p>Therapist provides frequent, high-quality feedback to child and team.</p> <p>Therapist frequently includes self-assessment by children when able.</p>	<p>Therapist uses assessment for service delivery and/or progress monitoring in a sophisticated manner.</p> <p>Child and/or team is fully aware of the assessment criteria and involved in establishing the assessment criteria as able.</p> <p>Therapist provides frequent, high-quality feedback to child and team.</p> <p>Therapist frequently includes self-assessment by children when able.</p>
Evidence/Examples	<p>Therapist does not assist teacher with adapting tools after assessing that a kindergartener is having difficulty manipulating a pencil, ruler, and Scissors.</p> <p>For a third grader with autism who has difficulty following classroom routines, the therapist does not work with the teacher to help establish a picture schedule so the student can independently follow the routines.</p> <p>For a Junior High student with cerebral palsy who is unable to participate in physical education [PE], the therapist does not collaborate with the PE teacher to modify and adapt the PE curriculum.</p>	<p>Therapist very briefly assists teacher with adapting tools after assessing that a kindergartener is having difficulty manipulating a pencil, ruler, and Scissors and does not provide follow-up collaboration and assessment.</p> <p>For a third grader with autism who has difficulty following classroom routines, the therapist gives the teacher an article on how to help establish a picture schedule so the student can independently follow the routines.</p> <p>For a Junior High student with cerebral palsy who is unable to participate in physical education [PE], the therapist briefly but not completely collaborates with the physical therapist and PE teacher to modify and adapt the PE curriculum.</p>	<p>Therapist assists teacher with adapting tools after assessing that a kindergartener is having difficulty manipulating a pencil, ruler, and Scissors and does not provide follow-up collaboration and assessment.</p> <p>For a third grader with autism who has difficulty following classroom routines, the therapist gives the teacher an article on how to help establish a picture schedule so the student can independently follow the routines and discusses ways to promote improved participation.</p> <p>For a Junior High student with cerebral palsy who is unable to participate in physical education [PE], the therapist collaborates with the PE teacher to modify and adapt the PE curriculum and assessment methods.</p>	<p>Therapist assists teacher with adapting tools after assessing that a kindergartener is having difficulty manipulating a pencil, ruler, and Scissors and provides follow-up collaboration and assessment with adaptations as needed to ensure success.</p> <p>For a third grader with autism who has difficulty following classroom routines, the therapist gives the team an article on how to help establish a picture schedule so the student can independently follow the routines and suggests that they collaborate with all team members on ways to promote improved participation. Therapist suggests tracking progress to see if suggested strategies are successful.</p> <p>Therapist works with all stakeholders to modify assessments for students who are unable to participate in physical education [PE].</p>

Component	Failing	Needs Improvement	Proficient	Distinguished
3e: Demonstrating Flexibility and Responsiveness	<p>Therapist adheres to the service delivery plan, even when a change would improve the service delivery.</p> <p>Therapist does not utilize child information-gathering techniques when children experience difficulty.</p> <p>Therapist blames the children or their home environment for lack of progress.</p>	<p>Therapist attempts to modify the service delivery when needed and to respond to child information-gathering techniques, with moderate success.</p> <p>Therapist occasionally utilizes child information-gathering techniques when children experience difficulty Therapist accepts responsibility for child success, but has only a limited repertoire of strategies to draw upon when a change in the program is necessary.</p>	<p>Therapist frequently modifies the service delivery plan when needed and responds to child information-gathering techniques to promote the successful goal achievement of all children.</p> <p>Therapist frequently utilizes child information-gathering techniques when children experience difficulty.</p> <p>Therapist accepts responsibility for child success, accommodating child information-gathering techniques, needs and interests, and has a repertoire of strategies to draw upon when a change to the program is necessary.</p>	<p>Therapist seizes an opportunity to enhance goal achievement, modifying the service delivery plan when needed and responding to child information-gathering techniques to promote the successful goal achievement of all children.</p>
Evidence/Examples	<p>The therapist refuses to account for contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</p>	<p>The therapist can account to some degree for their contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</p>	<p>The therapist can adequately account for their contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</p>	<p>The therapist can provide a comprehensive account of their contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum. Contributions and effective strategies are shared with other stakeholders.</p>

Domain 4: Professional Development/Professional Learning

Component	Failing	Needs Improvement	Proficient	Distinguished
4a: Reflecting on Teaching/Reflecting on Practice	<p>Therapist's reflection does not accurately assess the service delivery's effectiveness.</p> <p>Therapist's reflection does not accurately reflect the degree to which outcomes were met.</p> <p>Therapist's reflection does not make any suggestions for how service delivery could be improved.</p>	<p>Therapist's reflection is a generally accurate impression of service delivery's effectiveness.</p> <p>Therapist's reflection is a generally accurate impression of the degree to which outcomes were met.</p> <p>Therapist's reflection makes general suggestions about how service delivery could be improved.</p>	<p>Therapist's reflection accurately assesses the service delivery's effectiveness.</p> <p>Therapist's reflection accurately assesses the degree to which outcomes were met.</p> <p>Therapist's reflection can accurately cite evidence to support the judgment and make specific suggestions for service delivery improvement.</p>	<p>Therapist's reflection accurately and thoughtfully assesses the service delivery's effectiveness.</p> <p>Therapist's reflection accurately and thoughtfully assesses the degree to which outcomes were met.</p> <p>Therapist's reflection accurately and thoughtfully cites specific examples and offers specific alternative actions drawing on an extensive repertoire of skills.</p>
Evidence/Examples	<p>Therapist has no suggestions for how to help a student with ambulatory issues.</p> <p>Therapist has no suggestions for how to help a student with fine motor issues.</p>	<p>Therapist has a few suggestions for how to help a student with ambulatory issues but they may or may not be evidenced-based.</p> <p>Therapist has a few suggestions for how to help a student with fine motor issues but they may or may not be evidenced-based.</p>	<p>Therapist has adequate number of recommendations for helping a student with ambulatory issues based upon the most current peer-reviewed research.</p> <p>Therapist has adequate number of recommendations for helping a student with fine motor issues based upon the most current peer-reviewed research</p>	<p>Therapist has adequate number of recommendations for helping a student with ambulatory issues based upon the most current peer-reviewed research. Strategies are implemented with integrity and student response is monitored.</p> <p>Therapist has adequate number of recommendations for helping a student with fine motor issues based upon the most current peer-reviewed research. Strategies are implemented with integrity and student response is monitored.</p>

Component	Failing	Needs Improvement	Proficient	Distinguished
4b: Maintaining Accurate Records	<p>Therapist's data collection on child's service delivery is absent or in disarray.</p> <p>Therapist's data collection on progress monitoring of child's service delivery is absent or in disarray.</p> <p>Therapist's data collection on non-service delivery for child is absent or in disarray.</p>	<p>Therapist's data collection on child's service delivery is rudimentary, and/or requires frequent monitoring for accuracy and timeliness.</p> <p>Therapist's data collection on progress monitoring of child's service delivery is rudimentary, and/or requires frequent monitoring for accuracy and timeliness.</p> <p>Therapist's data collection on non-service delivery for child is rudimentary, and/or requires frequent monitoring for accuracy and timeliness.</p>	<p>Therapist's data collection on child's service delivery meets established time lines and demonstrates complete and accurate data collection.</p> <p>Therapist's data collection on progress monitoring of child's service delivery meets established time lines and demonstrates complete and accurate data collection.</p> <p>Therapist's data collection on non-service delivery for child meets established time lines and demonstrates complete and accurate data collection.</p>	<p>Therapist's data collection on child's service delivery meets established timelines, demonstrates complete and accurate data collection, and makes revisions to service delivery in response to data collection.</p> <p>Therapist's data collection on progress monitoring of child's service delivery meets established timelines, demonstrates complete and accurate data collection, and makes revisions to service delivery in response to progress monitoring.</p> <p>Therapist's data collection on non-service delivery for child meets established timelines, demonstrates complete and accurate data collection, and makes revisions to non-service delivery activities in response to data collection.</p>
Evidence/Examples	Therapist is unable to provide evidence of systematic documentation of a student's OT or PT intervention plan, Implementation and student performance data.	Therapist is able to provide some evidence of systematic documentation of a student's OT or PT intervention plan, implementation and student performance data.	Therapist is able to provide adequate evidence of systematic documentation of a student's OT or PT intervention plan, implementation and student performance data.	Therapist is able to fully work with the team to make well-informed decisions about continuation, discontinuation, or modification of OT or PT services based upon systematic data collection and progress monitoring efforts.

Component	Failing	Needs Improvement	Proficient	Distinguished
4c: Communicating with Families	<p>Therapist provides little/no information to child and family members about the service delivery program.</p> <p>Therapist provides little/no information to child and family members about individual child progress.</p> <p>Therapist's communication with child and/or family members is insensitive or inappropriate to the culture of the team members.</p> <p>Therapist makes no attempt to engage child and family members in the service delivery program.</p>	<p>Therapist provides occasional information to child and family members about the service delivery program.</p> <p>Therapist provides occasional information to child and family members about individual child progress.</p> <p>Therapist's communication with child and/or team members is occasionally insensitive or inappropriate to the culture of the family members.</p> <p>Therapist is partially successful in attempts to engage child and team members in the service delivery program.</p>	<p>Therapist provides frequent and culturally- appropriate information to child and family members about the service delivery program.</p> <p>Therapist provides frequent and culturally- appropriate information to child and family members about individual child progress.</p> <p>Therapist's communication with child and/or family members is frequent and culturally appropriate to the culture of the team members, addressing team members concerns.</p> <p>Therapist makes frequent, successful efforts to engage child and team members in the service delivery program.</p>	<p>Therapist provides frequent and culturally- appropriate information to child and family members about the service delivery program.</p> <p>Therapist provides frequent and culturally- appropriate information to child and team members about individual child's progress.</p> <p>Therapist's communication with child and/or team members is frequent and culturally- appropriate to the culture of the team members, addressing team members concerns and eliciting child input.</p> <p>Therapist makes frequent and successful efforts to engage child and family members in the service delivery program to enhance the child's goal achievement.</p>
Evidence/Examples	<p>Therapist does not meet with family of a student with complex support needs to provide updates about the student's progress with feeding.</p> <p>Therapist does not meet with family of a student with complex support needs to provide updates about the student's progress with standing program</p>	<p>Therapist does meet with family of a student with complex support needs to provide updates about the student's progress with feeding during scheduled meetings.</p> <p>Therapist does meet with family of a student with complex support needs to provide updates about the student's progress with standing program during scheduled meetings.</p>	<p>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with feeding.</p> <p>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with standing program.</p>	<p>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with feeding. Therapist also sends strategies to family to use in the home.</p> <p>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with standing program. Therapist also sends strategies to family to use in the home.</p>

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4d: Participating in a Professional Community	Professional relationships with colleagues are negative or self-serving Professional avoids participation in a culture of inquiry. Professional does not fulfill service delivery duties.	Professional relationships are cordial and fulfill required service delivery duties. Professional is involved in a culture of inquiry. Professional fulfills service delivery duties.	Professional relationships are characterized by mutual support and cooperation. Professional is an active participant in a culture of professional inquiry. Professional makes substantial contributions to service delivery.	Professional relationships are characterized by mutual support, cooperation and initiative. Professional assumes a leadership role in promoting a culture of inquiry and makes substantial contributions to service delivery. Professional is active in professional and/or community initiatives.
Evidence/Examples	Therapist is seen by other educators as isolated and unfriendly.	Therapist is seen by a few educators as isolated from the larger community.	Therapist is seen by other educators as a friendly and professional member of the school community.	Therapist is seen by other educators as a friendly and professional member of the school community who is vested in helping others and improving services for all students.
Component	Failing	Needs Improvement	Proficient	Distinguished
4e: Growing and Developing Professionally	Therapist does not engage in therapist development activities. Therapist resists feedback. Therapist makes no effort to share knowledge with others or to assume therapist responsibilities. Therapist does not hold or maintain license or maintain necessary credentials and clearances for school based practice.	Therapist engages in therapist activities to a limited extent. Therapist accepts feedback on performance with some reluctance. Therapist finds limited ways to contribute to the profession.	Therapist engages in seeking out therapist development opportunities. Therapist welcomes feedback on performances. Therapist participates actively in assisting other therapists.	Therapist engages in seeking out opportunities for therapist development. Therapist makes a systematic effort to seek out feedback. Therapist participates in important activities that contribute to the profession such as conducts research and/or writes grants to benefit school based practice.
Evidence/Examples	Therapist storms away when given constructive feedback.	Therapist is defensive when asked questions about services and therapy for a student with writing difficulties. Therapist is defensive when asked questions about services and therapy for a student with mobility challenges	Therapist answers questions using a professional tone and supplies additional information to clarify the nature of recommendations for a student with writing difficulties. Therapist answers questions using a professional tone and supplies additional information to clarify the nature of recommendations for a student with mobility challenges.	Therapist works collaboratively with other professionals from other disciplines to address differences in treatment recommendations and develop consensus on a plan for a student with significant writing difficulties. Therapist works collaboratively with other professionals from other disciplines to address differences in treatment recommendations and develop consensus on a plan for a student with significant mobility challenges

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4f: Showing Professionalism	<p>Professional interactions are characterized by questionable integrity.</p> <p>Professional interactions are characterized by lack of awareness of child needs.</p> <p>Professional interactions are characterized by decisions that are self-serving.</p> <p>Professional interactions are characterized by non-compliance with applicable regulations and adherence to the ethical standards from the professional organization.</p>	<p>Professional interactions are characterized by honest, genuine but inconsistent attempts to serve children.</p> <p>Professional interactions are characterized by decision-making based on limited data.</p> <p>Professional interactions are characterized by minimal compliance with applicable regulations and adherence to the ethical standards from the professional organization.</p>	<p>Professional interactions are characterized by honesty, integrity, confidentiality and/or assurance that all children are fairly served.</p> <p>Professional interactions are characterized by participation in team or departmental decision-making.</p> <p>Professional interactions are characterized by full compliance with applicable regulations and adherence to the ethical standards from the professional organization.</p>	<p>Professional displays the highest standards of honesty, integrity, confidentiality.</p> <p>Professional displays the highest standards by assumption of leadership role with colleagues.</p> <p>Professional displays the highest standards in serving children.</p> <p>Professional displays the highest standards of challenging negative attitudes/practices.</p> <p>Professional displays the highest standards in ensuring full compliance with applicable regulations and adherence to the ethical standards from the professional organization.</p>
Evidence/Examples	Therapist does not contribute beyond their direct service time with a student.	Therapist does not contribute beyond direct service time but does offer the family a list of outside resources.	Therapist provides adequate levels of direct and indirect contributions and shares knowledge to the greatest extent possible.	Therapist arranges for experts from the medical community to present to the staff on how to help students with significant sensory impairments or movement challenges.