

A Comparison of Therapy Models

As children transition from Early Childhood Intervention to a school based program, the model for providing related services such as Speech, Occupational and Physical Therapy (ST, OT, PT) most often also changes. There is a place and a purpose for each model; however, within the public schools the Educational Model for providing therapy is used. Children can be served in the school system through an educational model and in the private sector with the clinical model. The two models are not mutually exclusive, rather they can complement each other. This document was created to highlight the similarities as well as differences between the 2 models so as to promote a better understanding of each model's role.

	Educational Model	Medical or Clinical Model
When is this model used?	This is the primary model used to deliver therapy in the school setting.	This model is used in clinics, in homes, and in agencies outside the scope of schools.
How does a referral start?	A teacher, parent, or other involved person can ask the IEP team to consider the need for an evaluation.	A referral is usually initiated by a physician based on an observed delay or a specific diagnosis.
What is the purpose of the evaluation?	The purpose of the evaluation is to contribute knowledge and data for the IEP team to discuss and make decisions. It helps to identify areas of strength and weakness as well as helps to guide goals.	The purpose of the evaluation is to determine the need for services. It helps to identify areas of strength and weakness as well as helps to guide goals.
Who decides the need for service?	The assessment takes into consideration the educational (academic and social/behavioral) needs of the student. The IEP team reaches consensus on the recommendation from the SLP, OT, or PT based on the evaluation which includes testing and classroom observation.	The assessment takes into account all settings. The testing is conducted by the SLP, OT, or PT. The results are frequently monitored by the physician.

<p>Who decides the scope of service?</p>	<p>The IEP team determines the focus, frequency, and duration of therapy. Doctor's orders do not drive decisions about school therapy.</p>	<p>Medical team determines the location, focus, frequency and duration of therapy. Insurance coverage, doctors orders, and transportation are also considerations.</p>
<p>How can services be changed?</p>	<p>Changes to related services require an IEP team meeting to discuss changes and reach consensus.</p>	<p>Doctors can alter orders or therapist can change the therapy plan. Generally changes are discussed with doctors and the parents.</p>
<p>What is the focus of therapy?</p>	<p>Therapy addresses functional skills necessary to be successful in the school environment. Educational goals are a primary focus. The therapy works toward participation and independence. Therapy can also focus on more chronic problems that interfere with the educational process.</p>	<p>Therapy addresses medical conditions and works to achieve developmental milestones, usually addressing acute problems.</p>
<p>Where does therapy occur?</p>	<p>Therapy occurs on the school grounds - usually in classrooms, the lunchroom, the playground, and in the hallways.</p>	<p>Therapy usually occurs in the clinic, hospital, or in the home.</p>
<p>How is therapy delivered?</p>	<p>Therapy can be delivered in an integrative and inclusive manner with the therapist collaborating with other therapists and teachers. It can also be delivered through direct 1:1 treatments.</p>	<p>Therapy is usually delivered through direct 1:1 treatment to accomplish set goals.</p>

<p>Who pays?</p>	<p>There is no cost to the parent. The provision of related services is considered to be part of a Free and Appropriate Public Education (FAPE).</p>	<p>Therapy is usually paid for by insurance, governmental assistance, or by the family.</p>
<p>How are services documented?</p>	<p>Documentation is related to the IEP using common terms and guided by local policy and best practice. A student's progress on goals is required to be reported to the parents on a periodic timetable stated in the IEP meeting.</p>	<p>Documentation is dictated by insurance requirements and guidelines of the setting. There is emphasis on medical terminology and billing codes.</p>
<p>Can therapy be a stand alone service?</p>	<p>No, the therapy must relate to specific educational or functional outcomes. The student must have at least one of the disabilities identified by the Texas Education Agency.</p>	<p>Therapy can be a stand alone service.</p>