
North Carolina School-Based Occupational Therapist Evaluation Process

Users' Guide

May 2013



**Public Schools of North Carolina
State Board of Education
Department of Public Instruction**

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Introduction

The mission of the North Carolina State Board of Education is that every public school student will graduate from high school globally competitive for work and postsecondary education and prepared for life in the 21st Century. This mission requires a new vision of school leadership and a new set of skills that school-based occupational therapists must use daily in order to help their students learn 21st Century content and master skills they will need when they graduate from high school and enroll in higher education or enter the workforce or the military.

School-based occupational therapists create nurturing relationships with students that enhance academic and functional achievement and personal success as globally productive citizens in the 21st Century. Utilizing leadership, advocacy, specialized technical skills and knowledge, data, and collaboration, school-based occupational therapists promote overall academic and functional success by providing services that enhance student, school, home, and community partnerships and alleviate barriers to learning.

North Carolina School-Based Occupational Therapist Standards

The North Carolina Professional School-Based Occupational Therapist Standards are the basis for preparation, evaluation, and professional development for school-based occupational therapists. Colleges and universities are encouraged to align with these standards, a new evaluation instrument has been created, and professional development will occur to ensure growth based on these standards. These will describe the skills and knowledge needed for 21st Century intervention and learning.

Vision for School-Based Occupational Therapists

The demands of 21st Century education dictate new roles for school-based occupational therapists who provide a wide variety of services that help students succeed academically, functionally, socially, and emotionally. In collaboration with educators, parents/guardians, and other school professionals, school-based occupational therapists strive not only to create safe, healthy, and supportive learning environments for all students, but also to strengthen connections between home and school. Utilizing leadership, advocacy, specialized technical skills and knowledge, data, and collaboration, school-based occupational therapists promote overall academic and functional success by providing services that enhance student, school, home, and community partnerships and alleviate barriers to learning.

Intended Purpose of the Standards

The North Carolina School-Based Occupational Therapy Standards serve as a guide for school-based occupational therapists as they continuously improve their effectiveness. It is imperative for the school-based occupational therapist to provide services as part of a comprehensive, multi-disciplinary team whose members have complementary knowledge, skills, and experiences.

The North Carolina School-Based Occupational Therapy Standards will:

- guide the development of the skills and knowledge germane to the occupational therapy profession in the 21st century;
- provide the focus for schools and districts as they employ, support, monitor, and evaluate their occupational therapists; and
- assist higher education programs in aligning the content and requirements of occupational therapy education curricula with expectations for practice.

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.

Element a. Leadership. School-based occupational therapists support and promote high professional standards for themselves and for their colleagues. They are knowledgeable of and actively implement school, department, district, State, and professional goals, and provide guidance to others in doing likewise.

Element b. Teamwork. School-based occupational therapists work collaboratively with school and district personnel to create professional learning communities that enhance student learning and create positive working environments. School-based occupational therapists provide input into the selection of professional development to build staff capacity and address the needs of students. They anticipate, problem-solve, and share the workload of the department.

Element c. Vision. School-based occupational therapists embrace, communicate, and contribute to the strategic vision of the local district, department, and assigned schools to help ensure that all students are equipped and prepared with life skills for the 21st century. School-based occupational therapists articulate core beliefs and values of the profession, department and local district. They establish standards of excellence to create a professional learning community.

Element d. Ethics. School-based occupational therapists exhibit high ethical standards. School-based occupational therapists demonstrate honesty, integrity, fair treatment, and respect for others. They uphold the relevant codes of ethics and standards of professional practice. (See Appendix A for the American Occupational Therapy Association's Standards of Practice.)

Element e. Advocacy. School-based occupational therapists advocate for positive changes in policies and practices affecting student learning and occupational therapy service delivery. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes. They advocate for occupational therapy services to address student needs and support learning.

Element f. Supervision and Oversight. School-based occupational therapists value supervision that provides support, education, monitoring of service delivery, and creates a safe forum to reflect on professional practice to positively impact student learning outcomes.

Standard 2: School-based occupational therapists promote a respectful environment for diverse populations.

- Element a. Communication.** School-based occupational therapists use language that is appropriate and easily understood by the listener, and they adapt their communication for their audiences. They are active listeners, respect cultural differences, and assist others in communicating effectively.
- Element b. Least Restrictive Environment.** School-based occupational therapists help to ensure that every student receives services in the least restrictive environment. They continually monitor service delivery to reflect the least restrictive environment for the students they serve. They actively assist other school personnel to develop and implement appropriate contexts and strategies for students with differing needs.
- Element c. Diversity.** School-based occupational therapists recognize the influence of race, ethnicity, gender, religion, health, culture, ability, and other factors on development and personality. They adapt professional activities to reflect these differences among the students, families, and staff they serve. School-based occupational therapists create and encourage an environment that is inviting, respectful, supportive, inclusive, and flexible for every student.

Standard 3: School-based occupational therapists apply the skills and knowledge of their profession within educational settings.

- Element a. Program Administration and Management.** School-based occupational therapists effectively structure work tasks in accordance with local, state, and federal requirements and best practice guidelines. School-based occupational therapists assume professional responsibility for safe, effective, and timely delivery of occupational therapy (OT) services, and the oversight and/or improvement of occupational therapy systems and services.
- Element b. Policies and Laws.** School-based occupational therapists are knowledgeable and skillful regarding state and federal legislation, professional standards, best practice guidelines, and local policy.
- Element c. Work behaviors.** School-based occupational therapists are flexible, efficient, timely, reliable, and competent. They are engaged and responsive team members, as evidenced by adhering to deadlines, setting priorities, and setting appropriate limits. They are productive and complete assigned work with a positive attitude. They demonstrate safe, healthy, and ergonomically correct work practices.

Standard 4: School-based occupational therapists facilitate student learning for optimal student performance and functional independence.

- Element a. Common Core and Essential Standards.** School-based occupational therapists ground their practice in school-related occupations and support student progress in the North Carolina Standard Course of Study (Common Core and Essential Standards).
- Element b. Evidence-based Practice.** School-based occupational therapists plan, deliver, and revise appropriate interventions based on evaluation data. They review current occupational therapy and other pertinent professional literature; use reliable, valid assessments; plan interventions based on research; build and work from their own clinical knowledge and expertise; and evaluate the effectiveness of their work based on analysis of evidence.

Element c. Evaluation and Identification. School-based occupational therapists gather student performance data using contextual observation, standardized assessments, interviews, file reviews, student work samples, and other inquiry methods as deemed appropriate. They interpret evaluation data for the student's team to assist with decisions regarding special education eligibility, goals, placement, accommodations, supports, and services. School-based occupational therapists serve on student intervention teams as appropriate, consult on classroom interventions, and provide strategies to build teacher capacity for instructing a variety of learners.

Element d. Planning and Intervention. School-based occupational therapists carefully consider evaluation data, IEP goals, ongoing progress monitoring data, and the least restrictive environment in planning services that meet the needs of each student. They intervene in the context the student routinely needs to perform the targeted occupation, in collaboration with instructional staff. Interventions are connected to student participation in learning the curriculum, demonstration of knowledge, life and career skills, socialization, and transition.

Standard 5: School-based occupational therapists use all available data to examine their effectiveness and to adapt and improve professional practice.

Element a. Professional Development. School-based occupational therapists continually participate in high quality professional development specific to school based occupational therapy practice that reflects a global view of educational practices, includes 21st century skills and knowledge, and aligns with the State Board of Education priorities and initiatives. They use input from stakeholders to continually assess, maintain, expand, and document their competence in school-based practice.

b. Outcomes. School-based occupational therapists systematically and critically evaluate the effectiveness of comprehensive occupational therapy services on student performance. They collect and interpret data from a variety of sources to assess student response to intervention and progress, plan future services, and adapt practice to best meet the needs of students, staff, and families.

Framework for 21st Century Learning

The Partnership for 21st Century Skills has developed a vision for 21st Century student success in the new global economy.

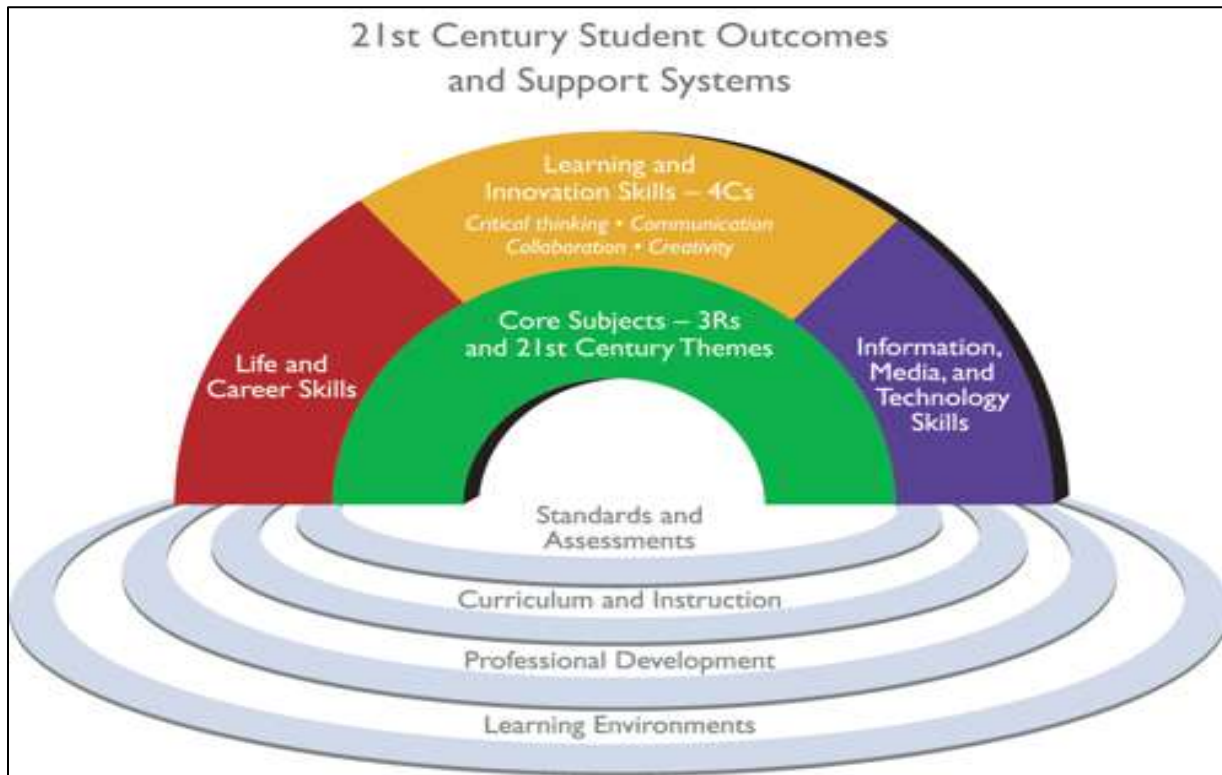


Figure 1. 21st Century Student Outcomes and Support Systems

The elements described in this section as “21st Century student outcomes” (represented by the rainbow in Figure 1) are the skills, knowledge, and expertise students should master to succeed in work and life in the 21st Century.

Core Subjects and 21st Century Themes

Mastery of core subjects and 21st Century themes is essential for students in the 21st Century. Core subjects include English, reading in or language arts, world languages, arts, mathematics, economics, science, geography, history, government, and civics.

We believe school must move beyond a focus on basic competency in core subjects promoting understanding of academic content at much higher levels by weaving 21st Century interdisciplinary themes into core subjects:

- Global Awareness
- Financial, Economic, Business, and Entrepreneurial Literacy
- Civic Literacy
- Health Literacy

Learning and Innovation Skills

Learning and innovation skills are what separate students who are prepared for increasingly complex life and work environments in 21st Century and those who are not. They include:

- Creativity and Innovation
- Critical Thinking and Problem Solving
- Communication and Collaboration

Information, Media, and Technology Skills

People in the 21st Century live in a technology and media-driven environment, marked by access to an abundance of information, rapid change in technology tools, and the ability to collaborate and make individual contributions on an unprecedented scale. To be effective in the 21st Century, citizens and works must be able to exhibit a range of functional and critical thinking skills, such as:

- Information Literacy
- Media Literacy
- ICT (Information, Communications, and Technology) Literacy

Life and Career Skills

Today's life and work environments require far more than thinking skills and content knowledge. The ability to navigate the complex life and work environments in the globally competitive information age requires students to pay rigorous attention to developing adequate life and career skills, such as:

- Flexibility and Adaptability
- Initiative and Self-Direction
- Social and Cross-Cultural Skills
- Productivity and Accountability
- Leadership and Responsibility

21st Century Support Systems

Developing a comprehensive framework for 21st Century learning requires more than identifying specific skills, content knowledge, expertise and literacies. An innovative support system must be created to help students master the multidimensional abilities required of them in the 21st Century. The Partnership has identified five critical support systems that ensure student mastery of 21st Century skills:

- 21st Century Standards
- Assessment of 21st Century Skills
- 21st Century Curriculum and Instruction
- 21st Century Professional Development
- 21st Century Learning Environments

For more information, visit the Partnership's Web site at www.21stcenturyskills.org.
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Milestones for Improving Learning and Education

The Partnership for 21st Century Skills developed the Milestones for Improving Learning and Education (MILE) Guide for 21st Century Skills to assist educators and administrators in measuring the progress of their schools in defining, teaching, and assessing 21st century skills. The following describes the skills and knowledge required of students in the 21st Century. This list was adapted from the 21st Century Partnership's MILE Guide and served as a foundation for the North Carolina Professional Occupational Therapist Standards.

Global Awareness

- Using 21st Century skills to understand and address global issues.
- Learning from and working collaboratively with individuals representing diverse cultures, religions and lifestyles in a spirit of mutual respect and open dialogue in personal, work, and community contexts.
- Having the ability to utilize non-English languages as a tool for understanding other nations and cultures.

Financial, Economic, Business and Entrepreneurial Literacy

- Knowing how to make appropriate personal economic choices.
- Understanding the role of the economy and the role of business in the economy.
- Using entrepreneurial skills to enhance workplace productivity and career options.

Civic Literacy

- Being an informed citizen to participate effectively in government.
- Exercising the rights and obligations of citizenship at local, state, national, and global levels.
- Understanding the local and global implications of civic decisions.
- Health Literacy
- Having the ability to access health information and services, navigate health institutions, and act as an effective advocate to improve health for self, family and/or community.
- Understanding preventive physical and mental health measures, including proper diet, nutrition, exercise, risk avoidance, and stress reduction.
- Demonstrating understanding of national and international health.

Thinking and Learning Skills

Critical Thinking and Problem Solving Skills

- Exercising sound reasoning and understanding.
- Making complex choices.
- Understanding the interconnections among systems.
- Framing, analyzing, and solving problems.

Communication

- Articulating thoughts and ideas clearly and effectively.

Information and Media Literacy Skills

- Understanding, managing and creating effective oral, written and/or multimedia communication in a variety of forms and contexts.
- Analyzing, accessing, managing, integrating, evaluating and creating information in a variety of forms and media.

Creativity and Innovation Skills

- Demonstrating originality and inventiveness in work.
- Developing, implementing and communicating new ideas to others.
- Being open and responsive to new and diverse perspectives.

Collaboration Skills

- Demonstrating ability to work effectively with diverse teams.
- Being willing to be helpful and make necessary compromises to accomplish a common goal.

Contextual Learning Skills

- Having the ability to take advantage of education in a variety of contexts, both inside and outside the classroom; understanding that knowledge is acquired within a context.

ICT Literacy

- Using technology in the course of attaining and utilizing 21st Century skills.

Life Skills

Leadership

- Using interpersonal and problem-solving skills to influence more than one person toward a goal.
- Having the ability to leverage strengths of others to accomplish a common goal.

Ethics

- Demonstrating integrity and ethical behavior in personal, workplace and community contexts.

Accountability

- Setting and meeting high standards and goals for one's self and others.

Adaptability

- Adapting to varied roles and responsibilities.
- Tolerating ambiguity and changing priorities.

Personal Productivity

- Utilizing time efficiently and managing workload.
- Being punctual and reliable.

Personal Responsibility

- Exercising personal responsibility and flexibility in personal, workplace and community contexts.

People Skills

- Working appropriately and productively with others.

Self-Direction

- Monitoring one's own understanding and learning needs.
- Demonstrating initiative to advance professional skill levels.
- Having the ability to define, prioritize, and complete tasks without direct oversight.
- Demonstrating commitment to learning as a lifelong process.

Social Responsibility

- Acting responsibly with the interests of the larger community in mind.

School-Based Occupational Therapist Evaluation Process

The evaluation instrument used for evaluating school-based occupational therapists is based on the Framework for 21st Century Learning and the North Carolina Standards for School-Based Occupational Therapists. The instrument is designed to promote effective leadership, quality intervention, and student learning while enhancing professional practice leading to improved occupational therapy services. The evaluation instrument and its accompanying processes and materials are designed to encourage professional growth, to be flexible and fair to the persons being evaluated, and to serve as the foundation for the establishment of professional goals and identification of professional development needs.

The intended purposes of the North Carolina School-Based Occupational Therapist Evaluation Process are to assess performance in relation to the North Carolina Standards for School-Based Occupational Therapists and to guide professional growth. The superintendent, Exceptional Children Director, principal or a designee (hereinafter “evaluator”) will conduct the evaluation process **in collaboration with qualified, licensed occupational therapists (hereinafter “observer”) serving as observers**, in which the school-based occupational therapist will actively participate through the use of self-assessment, reflection, and presentation of artifacts. Figure 2 illustrates the components of the evaluation process.

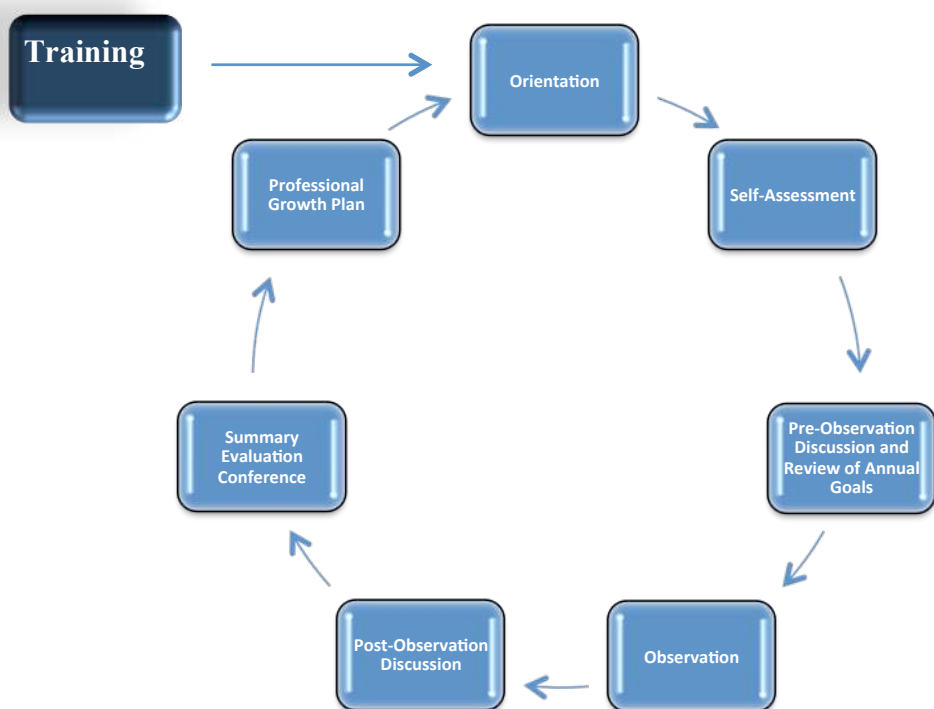


Figure 2. School-Based Occupational Therapist Annual Evaluation Process

The Purposes of the Evaluation

The evaluation process will:

- Serve as a measurement of performance against the North Carolina Standards for School-Based Occupational Therapists;
- Provide a guide for school-based occupational therapists as they reflect upon and improve their effectiveness;
- Inform the improvement of professional practice;
- Focus the goals and objectives of schools, districts, and the state as they support, monitor, and

- evaluate their school-based occupational therapists;
- Guide professional development programs;
- Inform higher education institutions as they develop the content and requirements for school-based occupational therapy training programs.

Evaluation Process

In August 2013 the North Carolina State Board of Education approved the Standards for Evaluating North Carolina School-Based Occupational Therapists and the School-Based Occupational Therapists Evaluation Process. Responsibilities for school-based occupational therapists and their observers and evaluators, as they complete the evaluation process, are as follows:

School-Based Occupational Therapist Responsibilities:

- Know and understand the North Carolina Professional School-Based Occupational Therapist Standards.
- Understand the North Carolina School-Based Occupational Therapist Evaluation Process.
- Prepare for, and fully participate in, each component of the evaluation process.
- Gather data, artifacts, and other evidence to support performance in relation to standards and progress in attaining goals.
- Develop and implement strategies to improve personal performance/attain goals in areas individually or collaboratively identified.

Evaluator/Observer Responsibilities:

- Have sufficient understanding of the profession and professional practice to effectively guide the evaluation process.
- Know and understand the North Carolina Professional School-Based Occupational Therapist Standards.*
- Supervise the School-Based Occupational Therapist Evaluation Process and ensure that all steps are conducted according to the approved process.
- Identify the school -Based Occupational Therapist's strengths and areas for improvement and make recommendations for improving performance.*
- Ensure that the contents of the School-Based Occupational Therapist Summary Evaluation Report contain accurate information and accurately reflect the school -based occupational therapist's performance.*
- Develop and supervise implementation of action plans as appropriate.

Note: Items marked by an “*” apply to both the observer and evaluator. Those without an “*” apply only to the evaluator.

The North Carolina School-Based Occupational Therapist Evaluation Process includes the following components:

Component 1: Training

Before participating in the evaluation process, all school-based occupational therapists, principals, Exceptional Children Directors, observers, and evaluators should be trained by their district, through self-study, or by trainers experienced with the evaluation process. Additional changes will be discussed during the annual orientation that takes place within the first two weeks of school.

Component 2: Orientation

Within two weeks of a school-based occupational therapist's first day of work in any school year, the evaluator will provide the school-based occupational therapist with a copy of, or directions for obtaining access to a copy of:

- A. The North Carolina School-Based Occupational Therapist Evaluation Process Guide;
- B. A schedule for completing all the components of the evaluation process.

Copies may be provided by electronic means.

Component 3: Self-Assessment

Using the Rubric for Evaluating North Carolina School-Based Occupational Therapists, the occupational therapist shall rate his or her own performance at the beginning of the year and reflect on his or her performance throughout the year.

Component 4: Pre-Observation Discussion and Review of Annual Goals

Before the first observation, the observer and evaluator shall meet with the school-based occupational therapist to discuss the self-assessment, the school-based occupational therapist's most recent professional growth plan, and the session(s) to be observed. The occupational therapist will provide the observer and evaluator with a written description of context for the session as well as the plan and anticipated outcomes. The goal of this conference is to prepare the observer and evaluator for the observation.

Component 5: Observations

School-based occupational therapists shall be evaluated annually. During the evaluation, a licensed occupational therapist shall conduct at least one observation of a meeting with students and/or parents, a therapy session or meeting or other session as agreed upon by the evaluator and the occupational therapist. This formal observation should last at least forty-five (45) minutes or the entire session. During observations, the observer shall note the occupational therapist's performance with respect to the applicable professional practices/descriptors on the Rubric for Evaluating North Carolina School-Based Occupational Therapists.

Component 6: Post-Observation Conference

The evaluator (and observer if different) shall conduct a post-observation conference no later than ten (10) school days after each formal observation. During the post-observation conference, the evaluator, observer (if different), and occupational therapist shall discuss and document the strengths and weaknesses noted during the observed session.

Component 7: Summary Evaluation Conference and Scoring the School-Based Occupational Therapist Summary Rating Form

Prior to the end of the school year and in accordance with school district timelines, the evaluator shall conduct a summary evaluation conference with the occupational therapist. During the summary evaluation conference, the evaluator and occupational therapist shall discuss:

- The evaluator's assessment of the occupational therapist's performance over the course of the school year.
- The occupational therapist's self-assessment.
- The most recent Professional Growth Plan and progress toward achieving goals.
- The components of the North Carolina School-Based Occupational Therapist Evaluation Process completed during the year.
- Observations.
- Artifacts submitted or collected during the evaluation process. Occupational therapists have specific guidelines for documenting their services. "Guidelines for Documentation of Occupational Therapy" is included in Appendix A for reference during the evaluation process.
- Other evidence of the occupational therapist's performance.

At the conclusion of the evaluation process, the evaluator shall:

- Give a rating for each element in the rubric;
- Provide a written comment on any element marked "Not Demonstrated";
- Give an overall rating of each standard;
- Review the completed School-Based Occupational Therapist Summary Rating Form with the occupational therapist;
- Provide the occupational therapist with the opportunity to add comments to the Summary Rating Form; and
- Secure the occupational therapist's signature on the Record of School-Based Occupational Therapist Evaluation Activities and School-Based Occupational Therapist Summary Rating Form.

Component 8: Professional Growth Plans

Occupational therapists shall develop a Professional Growth Plan designed to serve as a guide for improving their performance during the subsequent school year. At a minimum, such a plan shall outline the standards and elements in which performance needs to improve, goals to be accomplished, activities to be completed, and a timeline for completing all activities and/or achieving goals. The Professional Growth Plan should be discussed with and approved by the evaluator as the final step in the evaluation process.

Completing the Rubric and the Summary Rating Form

Self-Assessment

Early in the school year, the occupational therapist will complete a self-assessment based on the Rubric for Evaluating North Carolina's Occupational Therapists. The self-assessment is a personal reflection about one's professional practice conducted without input from others. The purposes of the self-assessment are to provide the occupational therapist an opportunity to reflect on his/her capabilities with respect to achieving the state's standards of performance and to contextualize anticipated levels of performance. As a part of this process, the occupational therapist should consider past performance as well as district context for the current school year. These two factors jointly determine anticipated levels of performance and will help the occupational therapist articulate professional development, coaching, and mentoring needs in order to maintain or improve performance.

At the discretion of the occupational therapist, the self-assessment ratings may be used as the basis for discussions with the evaluator in order to clarify performance expectations, set goals, plan professional development and program changes, or provide input to the final, end-of-year ratings.

The occupational therapist should complete the rubric by checking descriptors that characterize professional practices regularly in evidence as a part of his/her daily work. The self-assessment should be completed at the beginning of the school year and updated frequently throughout the year in light of changes to either personal performance or the school context.

Completing the Rubric

The evaluator will complete the Rubric for Evaluating North Carolina School-Based Occupational Therapists based on data from formal and informal observations as well as through reviews of artifacts. The evaluator or observer (if used) checks descriptors that are observed during the session/lesson. These observation results are combined with a review of artifacts and additional evidence to provide a complete picture of the occupational therapist's performance. If the evaluator is not able to mark any of the descriptors for an element, then the "Not Demonstrated" column is used. In such a case, the evaluator must write a comment about the occupational therapist's performance and suggestions for improvement. During a post-observation conference, the evaluator, observer (if used), and occupational therapist will discuss and document the descriptors on which the occupational therapist has demonstrated performance as well as those for which the person who completed the observation was not able to mark that performance was demonstrated.

The observer should conduct at least one formal observation of the occupational therapist's performance. Additional informal observations may be conducted throughout the year to supplement information gained through the formal observation and to observe elements for which additional information is needed in order to adequately and accurately rate performance.

Determining Rating Levels After Completing the Rubric

The occupational therapist and evaluator should independently score each element within a standard to determine the level of performance for that element. The occupational therapist scores the rubric as a part of the self-assessment process and the evaluator scores it as a result of observations and artifact/evidence reviews. Each of the elements should be scored separately, and the combined individual element scores will determine the overall score for the standard.

For example, "Standard 1: Leadership. School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice," has six elements:

Element a. Leadership. School-based occupational therapists support and promote high professional standards for themselves and for their colleagues. They are knowledgeable of and actively implement school, department, district, State, and professional goals, and provide guidance to others in doing likewise.

Element b. Teamwork. School-based occupational therapists work collaboratively with school and district personnel to create professional learning communities that enhance student learning and create positive working environments. School-based occupational therapists provide input into the selection of professional development to build staff capacity and address the needs of students. They anticipate, problem-solve, and share the workload of the department.

Element c. Vision. School-based occupational therapists embrace, communicate, and contribute to the strategic vision of the local district, department and assigned schools to help ensure that all students are equipped and prepared with life skills for the 21st century. School-based occupational therapists articulate core beliefs and values of the profession, department and local district. They establish standards of excellence to create a professional learning community.

Element d. Ethics. School-based occupational therapists exhibit high ethical standards. School-based occupational therapists demonstrate honesty, integrity, fair treatment, and respect for others. They uphold the relevant codes of ethics and standards of professional practice.

Element e. Advocacy. School-based occupational therapists advocate for positive changes in policies and practices affecting student learning and occupational therapy service delivery. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes. They advocate for occupational therapy services to address student needs and support learning.

Element f. Supervision and Oversight. School-based occupational therapists value supervision that provides support, education, monitoring of service delivery, and creates a safe forum to reflect on professional practice to positively impact student learning outcomes.

The person who is completing the rubric, -- the occupational therapist completing a self-assessment or the evaluator who is finalizing ratings in preparation for the final evaluation conference -- will score each element separately. The combined individual element scores will determine the overall score for the standard. The rater should begin with the left-hand column and mark each descriptor that describes performance for the period for which he or she is being evaluated (See “Scoring the Rubric” on page 17). If the rater arrives at the “Not Demonstrated” column without marking any descriptors as being observable during formal and informal observations conducted throughout the year, the rating is “Not Demonstrated” on that element and the evaluator is required to comment on the performance of the occupational therapist with respect to this element.

The rating for each element is the lowest rating for which all descriptors are marked and all descriptors below that rating are marked. As illustrated in the example on page 17, the occupational therapist would be rated as “Proficient” on element a, Leadership, even though at least one descriptor for “Proficient,” “Accomplished,” and “Distinguished” was marked. This is because “Proficient” is the lowest rating for which all descriptors were marked. Likewise, in the example on page 18, the occupational therapist would be rated as “Proficient” on element b, Teamwork. Elements c through f will be scored using the same process. The ratings of “Proficient” through “Exemplary” on those elements will likely result in an overall rating of “Proficient” for Standard I.

Formal and informal observations should be conducted throughout the year, but overall ratings should not be determined until the end of the year during the summary evaluation conference. When an occupational therapist is rated as “Developing” or “Not Demonstrated” on any element or standard during the summary evaluation conference, the evaluator should strongly encourage him or her to develop a goal to address the area(s) where proficiency has not been reached.

The evaluator should score each element separately. The collective individual element scores will determine the overall score for the standard. The evaluator should begin with the left-hand column of the rubric and mark every descriptor that describes the performance of the occupational therapist for the period for which he or she is being evaluated. The rating for each element is the highest rating for which all descriptors are marked and all descriptors below that level are marked. The school-based occupational therapist in the example below would be rated as “Proficient” on element a. of Standard 1. Even though at least one descriptor under “Accomplished” and “Exemplary” was marked, “Proficient” is the highest rating for which all descriptors were marked and all

descriptors below that rating were marked.

Scoring the Rubric

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Leadership. School-based occupational therapists support and promote high professional standards for themselves and for their colleagues. They are knowledgeable of and actively implement school, department, district, State, and professional goals and provide guidance to others in doing likewise.				
The occupational therapist: ☒ Ensures the safety of the occupational therapy service delivery process. Demonstrates knowledge of: ☒ The scope of school-based occupational therapy practice, including philosophy, principles, theories, and practice concepts. ☒ Standards, regulations, and laws that impact school-based practice. ☒ Goals of the district, department, and school.	... and The occupational therapist: ☒ Articulates information about school-based occupational therapy practice and philosophy. ☒ Participates in developing and/or implementing the goals and priorities outlined in the district and department improvement plan.	and... The occupational therapist: ☐ Assumes leadership roles in the department. ☒ Plans and implements educational programs for department and school staff. ☒ Ensures the effectiveness of the occupational therapy service delivery process. ☐ Participates in hiring, mentoring, and/or supporting other occupational therapists, interns, or school-based occupational therapy students.	and... The occupational therapist: ☐ Assists other staff with understanding and applying regulations and policies that impact school-based occupational therapy. ☐ Provides input into the update of state and district policies and procedures designed to help occupational therapists operationalize district, State, and federal laws and regulations. ☒ Guides others to develop professional goals and skills.	

Example of How to Score the Rubric

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Leadership. School-based occupational therapists support and promote high professional standards for themselves and for their colleagues. They are knowledgeable of and actively implement school, department, district, State, and professional goals and provide guidance to others in doing likewise.				
The Occupational Therapist: ☒ Ensures the safety of the occupational therapy service delivery process. Demonstrates knowledge of: ☒ The scope of school-based occupational therapy practice, including philosophy, principles, theories, and practice concepts; ☒ Standards, regulations, and laws that impact school-based practice; ☒ Goals of the district, department, and school.	... and The Occupational Therapist: ☒ Articulates information about school-based occupational therapy practice and philosophy. ☒ Participates in developing and/or implementing the goals and priorities outlined in the district and department improvement plan.	and... The Occupational Therapist: ☐ Assumes leadership roles in the department. ☒ Plans and implements educational programs for department and school staff. ☒ Ensures the effectiveness of the occupational therapy service delivery process. ☐ Participates in hiring, mentoring, and/or supporting other occupational therapists, interns, or school-based occupational therapy students.	and... The Occupational Therapist: ☐ Assists other staff with understanding and applying regulations and policies that impact school-based occupational therapy. ☐ Provides input into the update of state and district policies and procedures designed to help occupational therapists operationalize district, State, and federal laws and regulations. ☒ Guides others to develop professional goals and skills.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element b. Teamwork. School-based occupational therapists work collaboratively with school and LEA personnel to create professional learning communities that enhance student learning and create positive working environments. School-based occupational therapists provide input into the selection of professional development to build staff capacity and address the needs of students. They anticipate, problem-solve, and share the workload of the department.				
The occupational therapist: ☒ Establishes professional relationships with colleagues. ☒ Responds to school staff and parents' requests in a timely manner. ☒ Adheres to approved procedures for communicating with school staff, parents and students. Contributes to: ☒ IEP meetings and processes; ☒ Departmental and professional meetings.	and... The occupational therapist: ☒ Contributes to a positive, productive, cooperative, and supportive work environment. ☒ Collaborates with educational personnel as essential partners in implementing student plans. ☒ Uses an occupation-based approach to collaborate with the team to achieve student outcomes. ☒ Educates school personnel, parents, and students about occupational therapy services. ☒ Maintains contact with community agencies and professionals.	and... The occupational therapist: Models positive interactions with: ☒ Students; ☒ Parents; ☒ Other occupational therapists; ☐ Educators; ☐ Members of the school community. ☐ Initiates new partnerships with community agencies and professionals. ☒ Shares ideas to help colleagues in times of need. ☒ Participates in departmental committees or work groups.	and... The occupational therapist: ☐ Participates in school, community, state, and/or national committees or task forces. ☐ Leads IEP meetings to resolve complex situations to meet student needs.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. Vision. School-based occupational therapists embrace, communicate, and contribute to the strategic vision of the local district, department and assigned schools to help ensure that all students are equipped and prepared with life skills for the 21 st century. School-based occupational therapists articulate core beliefs and values of the profession, department and local district. They establish standards of excellence to create a professional learning community.				
The occupational therapist: ☒ Is aware of the department/school/district vision that all students are prepared for the 21 st century. ☒ Is aware of national professional vision, core values, and beliefs.	and... The occupational therapist: ☒ Participates in implementing the department/school/district vision. Articulates a vision for: ☒ Students; ☒ Occupational therapy department/ program; ☒ EC department; ☒ School/District.	and... The occupational therapist: ☒ Monitors progress toward achieving the department/school/district vision. ☒ Adjusts programs in order to address local trends and issues. Assists others in: ☒ Adhering to professional standards and values; ☒ Achieving professional goals.	and... The occupational therapist: ☒ Participates in developing the department/school/district vision. ☐ Instills in others a desire to improve student outcomes. ☐ Articulates and develops goals for the department and district. ☐ Anticipates and prepares for current and future professional trends on state or national level.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element d. Ethics. School-based occupational therapists exhibit high ethical standards. School-based occupational therapists demonstrate honesty, integrity, fair treatment, and respect for others. They uphold relevant codes of ethics and standards of professional practice.				
The occupational therapist: Abides by: ☑ The <i>Code of Ethics for North Carolina Educators</i>; ☑ <i>Code of Professional Practice and Conduct for North Carolina Educators</i>. ☑ <i>American Occupational Therapy Association Code of Ethics</i>; ☑ <i>American Occupational Therapy Association Standards of Practice</i>; (See Appendix A). ☑ Accepts responsibility for actions and decisions that affect student outcomes. ☑ Respects the dignity, privacy, and confidentiality of students, families, and other professionals. ☑ Participates in ethics training and/or education.	... and The occupational therapist: ☑ References applicable local, state, and professional standards to guide ethical decision making in school-based practice. ☑ Reports unsafe or unethical situations to appropriate entity. ☑ Consults with supervisor and/or ethics committee to resolve ethical issues.	... and The occupational therapist: ☑ Encourages colleagues to uphold high ethical standards. ☑ Models respect for the dignity, privacy, and confidentiality of others within the work environment.	... and The occupational therapist: ☑ Models the profession's ethical principles and core values when assessing, clarifying, and resolving potential ethical and/or regulatory conflicts. ☐ Contributes to the development of departmental policies and protocols related to ethics. ☐ Provides professional development on ethics.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element e. Advocacy. School-based occupational therapists advocate for positive changes in policies and practices affecting student learning and occupational therapy programs and service delivery. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes, particularly through promoting disability awareness in the school and district. They advocate for research-based, policy-compliant services to address student needs.				
The occupational therapist: ☒ Knows about policies and practices affecting student learning. ☒ Knows about policies and practices affecting occupational therapy programs and service delivery. ☒ Knows about disability awareness at the school and district level.	... and The occupational therapist: ☒ Supports policies and practices affecting student learning. ☒ Supports policies and practices affecting occupational therapy programs and service delivery. ☐ Supports disability awareness at the school and district level..	... and The occupational therapist: ☐ Participates in developing policies and practices affecting student learning. ☐ Participates in developing policies and practices affecting occupational therapy programs and service delivery. ☐ Participates in developing policies and practices regarding disability awareness at the school and district level.	... and The occupational therapist: ☐ Actively participates, promotes, and provides strong supporting evidence for implementation of initiatives to improve education. ☐ Actively participates, promotes, and provides strong supporting evidence for implementation of initiatives to improve occupational therapy programs and service delivery. ☐ Actively participates, promotes, and provides strong supporting evidence for implementation of initiatives to improve disability awareness at the school and district level.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element f. Supervision and Oversight. School-based occupational therapists value supervision that provides support, education, monitoring of service delivery, and creates a safe forum to reflect on professional practice to positively impact student learning outcomes.				
The occupational therapist: ☒ Understands the importance of the supervision process. ☒ Seeks feedback from supervisors and colleagues. ☒ Modifies behavior based on supervisory feedback.	... and The occupational therapist: ☒ Participates in the supervisory process to increase professional knowledge and skills. ☒ Supervises and provides feedback to assigned staff, fieldwork students, and volunteers.	... and The occupational therapist: ☐ Provides education and training of staff, fieldwork students, and volunteers. ☒ Positively impacts the work of colleagues by sharing best practice strategies.	... and The occupational therapist: ☐ Develops and oversees fieldwork student and/or mentoring program. ☐ Supervises/oversees occupational therapy-generated programs. ☒ Assists other staff in identifying professional goals.	

Example of Marking the Summary Rating Sheet

This form summarizes ratings from the rubric or observation form and requires the rater to provide a description of areas needing improvement and comments about performance. It should be completed as part of the Summary Evaluation discussions conducted near the end of the year. It should be used to summarize self-assessment and evaluator ratings.

Name: _____ Date: _____
 School: _____ District: _____
 Evaluator: _____ Title: _____

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Leadership			✓		
Element b. Teamwork			✓		
Element c. Vision				✓	
Element d. Ethics				✓	
Element e. Advocacy			✓		
Element f. Supervision and Oversight		✓			
Overall Rating for Standard 1					
Standard 2: School-based occupational therapists promote a respectful environment for diverse populations.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Communication			✓		
Element b. Least Restrictive Environment		✓			
Element c. Diversity		✓			
Overall Rating for Standard 2					
Standard 3: School-based occupational therapists apply the skills and knowledge of their profession within educational settings.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Program Administration and Management				✓	
Element b. Policies and Laws				✓	
Element c. Work Behaviors				✓	
Overall Rating for Standard 3					
Standard 4: School-based occupational therapists facilitate student learning for optimal student performance and functional independence.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. North Carolina Standard Course of Study			✓		
Element b. Evidence-based Practice			✓		
Element c. Evaluation and Identification				✓	
Element d. Planning and Intervention			✓		
Overall Rating for Standard 4					

Standard 5: School-based occupational therapists use all available data to examine their effectiveness and to adapt and improve professional practice.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Professional Development			✓		
Element b. Outcomes			✓		
Overall Rating for Standard 5					

Glossary

Action Plan—A plan developed by a principal/supervisor with input from the evaluator and the school-based occupational therapists for the purpose of articulating specific actions and outcomes needed in order to improve the school-based occupational therapist's performance. Action plans are developed and administrated under guidelines provided by each district.

Artifact—A product resulting from a occupational therapist's work. Artifacts are natural by-products of an occupational therapist's work and are not created for the purpose of satisfying evaluation requirements. Artifacts are used only when the evaluator and occupational therapist disagree on the final rating. Occupational therapists may use them as exemplars of their work.

Code of Ethics for North Carolina Educators—The standards of professional conduct required of educators. (see www.ncptsc.org). See Appendix B.

Code of Professional Practice and Conduct for North Carolina Educators—The uniform standards of professional conduct for licensed professional educators (see www.ncptsc.org). See Appendix A.

Data—Factual information used as the basis for reasoning, discussion, or planning.

Evaluator—The person responsible for overseeing and completing the occupational therapist evaluation process. This is usually the Exceptional Children Director, but it may be someone who is designated by the Exceptional Children Director to assume these responsibilities.

Evidence—Documents that demonstrate or confirm the work of the person being evaluated and support the rating on a given element.

Formal Evaluation Process—The process of evaluating a school-based occupational therapist using the following essential components:

1. **Training** – Before participating in the evaluation process, all school-based occupational therapists, principals, and peer evaluators should be trained by their district, through self-study, or by other experienced trainers on the evaluation process.
2. **Orientation**—Within two weeks of a occupational therapist's first day of work in any school year, the superintendent, Exceptional Children Director, or principal will provide the occupational therapist with a copy of, or directions for, obtaining access to a copy of the following: a) Rubric for Evaluating North Carolina Occupational therapists, b) state board policy governing occupational therapist evaluations, and c) a schedule for completing all the components of the evaluation process. Copies may be provided by electronic means. While a formal meeting is not required, supervisors may choose to hold this orientation as a group meeting at the beginning of each school year and/or individually as staff are added throughout the year.
3. **School -Based Occupational Therapist Self-Assessment** – Using the Rubric for Evaluating North Carolina School-Based Occupational Therapists, occupational therapist shall rate his or her own performance at the beginning of the year and reflect on his or her performance throughout the year. This will also be used during the post-observation conference.
4. **Pre-Observation Conference**—Before the first formal observation, the observer and evaluator shall meet with the occupational therapist to discuss the self-assessment based on the Rubric for Evaluating North Carolina School-Based Occupational Therapists, the occupational therapist's most recent professional

growth plan, and the lesson(s) to be observed. The occupational therapist will provide the observer and evaluator with a written description of the lesson(s). The goal of this conference is to prepare the observer and evaluator for the observation. Pre-Observation conferences are not required for subsequent observations during the same school year.

5. Observations:

- i. **Formal Observation**—A formal observation shall be conducted by a licensed occupational therapist trained/competent in staff observation and last 45 minutes or an entire therapy session.
 - ii. **Informal Observation**—An informal observation may take place as an evaluator visits classrooms, helps a student, or “drops in” on the occupational therapist’s session for a minimum of 20 minutes in one sitting.
6. **Post-Observation Conference**—During the post-observation conference, the observer and evaluator and occupational therapist shall discuss and document on the Rubric the strengths and weaknesses of the occupational therapist’s performance during the observed lesson.
7. **Summary Evaluation Conference and Summary Rating Form**—The conference between the evaluator and occupational therapist to discuss the self-assessment, the occupational therapist’s most recent Professional Development Plan, the components of the North Carolina School-Based Occupational Therapist Evaluation Process completed during the year, therapy observations, artifacts submitted or collected during the evaluation process and other evidence of the occupational therapist’s performance on the rubric. At the conclusion of the process, the evaluator shall complete the School-Based Occupational Therapist Summary Rating Form.
8. **Professional Growth Plans** – Every occupational therapist will use a Professional Growth Plan to identify goals and strategies to improve performance.
9. **Performance Rating Scale**—The following rating scale will be used for determining the final evaluation rating for North Carolina school-based occupational therapists:
- a. **Developing:** School-based occupational therapist demonstrated adequate growth toward achieving standard(s) during the period of performance, but did not demonstrate competence on standard(s) of performance.
 - b. **Proficient:** School-based occupational therapist demonstrated basic competence on standard(s) of performance.
 - c. **Accomplished:** School-based occupational therapist exceeded basic competence on standard(s) of performance most of the time.
 - d. **Distinguished:** School-based occupational therapist consistently and significantly exceeded basic competence on standard(s) of performance.
 - e. **Not Demonstrated:** School-based occupational therapist did not demonstrate competence on or adequate growth toward achieving standard(s) of performance. (Note: If the “Not Demonstrated” rating is used, the Evaluator must comment about why it was used.)

Guidelines for Providing Occupational Therapy Services in NC Public Schools (2011) - The 2011 edition of the *Guidelines for Occupational Therapy in North Carolina Public Schools* is intended to keep practitioners and Individualized Education Program (IEP) teams current with federal and state policies changes and emerging research which inform school-based practice. The content is not state policy, but a guide for planning, implementing, and evaluating the quality of occupational therapy services, programs, and personnel. (www.med.unc.edu/ahs/ocsci/nc-school-based-ot-site)

Observer - The licensed occupational therapist responsible for conducting the formal observation in the occupational therapist evaluation process.

Performance Descriptors – The specific performance responsibilities embedded within the components of each performance element.

Performance Elements – The subcategories of performance embedded within the performance standard.

Performance Standard – The distinct aspect of school-based occupational therapy or realm of activities which form the basis for the evaluation of a school-based occupational therapist.

Professional Development – Staff development, based on research, data, practice and reflection that focuses on deepening knowledge and skills in a collegial and collaborative environment.

Rubric for Evaluating North Carolina School-Based Occupational Therapists – A composite matrix of the following: standards, elements, and descriptors of the North Carolina School-Based Occupational Therapy Standards.

School Executives – Principals and assistant principals licensed to work in North Carolina.

School Improvement Plan – A plan that includes strategies for improving student performance, how and when improvements will be implemented, use of state funds, requests for waivers, etc. Plans are in effect for no more than three years. School-based occupational therapists should be able to demonstrate their participation in the development of the plan and/or their active support of the plan.

School Improvement Team – A team made up of the school executive and representatives of administration, instructional personnel, instructional support personnel, school-based occupational therapists, assistants, and parents of children enrolled in the school. The team's purpose is to develop a school improvement plan to strengthen student performance.

Occupational therapist – A person licensed by the North Carolina Board of Occupational Therapy as an occupational therapist and employed to provide occupational therapy services within North Carolina Public Schools.

Self-assessment – Personal reflection about one's professional practice to identify strengths and areas for improvement conducted without input from others. Purposes of the self-assessment are to clarify performance expectations, guide discussions about goal-setting and professional development and program needs, and provide input to the final ratings.

Student Achievement Data – Student achievement/testing data available from the North Carolina School Report Card (see www.ncschoolreportcard.org).

Student Dropout Data – Data about grade 9–12 students who drop out of high school (see www.ncpublicschools.org/research/dropouts/reports).

Therapeutic use of self refers to therapists' conscious efforts to optimize their interactions with clients. It is a therapist's planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process. (Taylor, 2009)

Training – State-approved and sponsored training on the occupational therapist rubric and evaluation process required of all occupational therapists and individuals responsible for their evaluation.

References

Taylor, R. R., Lee, S. W., Kielhofner, G., & Ketkar, M. (2009). Therapeutic use of self: A nationwide survey of practitioners' attitudes and experiences. *American Journal of Occupational Therapy*, 63, 198–207.

Appendix A

American Occupational Therapy Association Standards of Practice

Guidelines for Documentation of Occupational Therapy

Code of Ethics for North Carolina Educators

Code of Professional Practice and Conduct for North Carolina Educators

American Occupational Therapy Association Code of Ethics

STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPY

This document defines minimum standards for the practice of occupational therapy. The practice of occupational therapy means the therapeutic use of everyday life activities (occupations) with individuals, groups, organizations, and populations for the purpose of participation in roles and situations in the home, school, workplace, community, or other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses physical, cognitive, psychosocial, sensory, communication, and other areas of performance in various contexts and environments in everyday life activities that affect health, well-being, and quality of life (American Occupational Therapy Association [AOTA], 2004). The overarching goal of occupational therapy is “to support [people’s] health and participation in life through engagement in occupations” (AOTAA, 2008, p. 626).

The *Standards of Practice for Occupational Therapy* are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. *The Reference Manual of Official Documents of the American Occupational Therapy Association, Inc.* (current version as of press time, AOTA, 2009b) contains documents that clarify and support occupational therapy practice, as do various issues of the *American Journal of Occupational Therapy*. These documents are reviewed and updated on an ongoing basis for their applicability.

Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice under federal and state law.

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE® or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by ACOTE® or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE® or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and

- Fulfills state requirements for licensure, certification, or registration.

Definitions

The following definitions are used in this document:

- **Activity (Activities):** A class of human behaviors that are goal directed.
- **Assessment:** Specific tools or instruments that are used during the evaluation process.
- **Client:** The entity that receives occupational therapy services. Clients may include (1) individuals and other persons relevant to the individual's life, such as family, caregivers, teachers, employers, and others who also may help or be served indirectly; (2) organizations such as business, industry, or agencies; and (3) populations within a community (Moyers & Dale, 2007).
- **Evaluation:** The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results.
- **Intervention:** The process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review.
- **Occupation:** "Goal-directed pursuits that typically extend over time, have meaning to their performance, and involve multiple tasks" (Christiansen, Baum, & Bass-Haugen, 2005, p. 548); "all the things that people want, need, or have to do, whether of a physical, mental, social, sexual, political, spiritual, or any other nature, including sleep and rest activities." (Wilcock & Townsend, 2009, p. 193); "activities of everyday life named, organized, and given meaning by individuals and a culture" (Law, Polatajko, Baptiste, & Townsend, 1997, p. 32).
- **Outcomes:** What occupational therapy actually achieves for the client. Changes desired by the client that can focus on any area of the client's occupational performance.
- **Re-evaluation:** The process of critical analysis of client response to intervention. This analysis enables the therapist to make any necessary changes to intervention plan in collaboration with the client.
- **Screening:** Obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.
- **Transitions:** Transitions are "actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one life [change] to another, from one program to another, or from one environment to another"(AOTA, 1998, p. 866).

Standard I. Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice.
2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.

3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.
4. An occupational therapy practitioner abides by the *Occupational Therapy Code of Ethics* (OTA, 2005a).
5. An occupational therapy practitioner abides by the *Standards for Continuing Competence* (OTA, 2005b) by establishing, maintaining, and updating professional performance, knowledge, and skills.
6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process (OTA, 2009a).
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and OTA documents (OTA, 2009a).
8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.
9. An occupational therapy practitioner is knowledgeable about evidence-based research and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.
10. An occupational therapy practitioner respects the client's sociocultural background and provides client-centered and family-centered occupational therapy services.

Standard II. Screening, Evaluation, and Re-evaluation

1. An occupational therapist is responsible for all aspects of the screening, evaluation, and re-evaluation process.
2. An occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and OTA documents.
3. An occupational therapist, in collaboration with the client, evaluates the client's ability to participate in daily life by considering the client's history, goals, capacities, and needs; the activities and occupations the client wants and needs to perform; and the environments and context in which these activities and occupations occur.
4. An occupational therapist initiates and directs the screening, evaluation, and re-evaluation process and analyzes and interprets the data in accordance with federal and state law, other regulatory and payer requirements, and OTA documents.
5. An occupational therapy assistant contributes to the screening, evaluation, and re-evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with federal and state laws, other regulatory and payer requirements, and OTA documents.
6. An occupational therapy practitioner uses current assessments and assessment procedures and follows defined protocols of standardized assessments during the screening, evaluation, and re-evaluation process.

7. An occupational therapist completes and documents occupational therapy evaluation results. An occupational therapy assistant contributes to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, federal and state law, other regulatory and payer requirements, external accreditation programs, and AOTA documents.
8. An occupational therapy practitioner communicates screening, evaluation, and re-evaluation results within the boundaries of client confidentiality and privacy regulations to the appropriate person, group, organization, or population.
9. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.
10. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

Standard III. Intervention

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention based on the evaluation, client goals, best available evidence, and professional and clinical reasoning.
2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal law, and other regulatory and payer requirements.
3. An occupational therapy practitioner collaborates with the client to develop and implement the intervention plan, on the basis of the client's needs and priorities, safety issues, and relative benefits and risks of the interventions.
4. An occupational therapy practitioner coordinates the development and implementation of the occupational therapy intervention with the intervention provided by other professionals, when appropriate.
5. An occupational therapy practitioner uses professional and clinical reasoning to select the most appropriate types of interventions, including therapeutic use of self, therapeutic use of occupations and activities, consultation, education, and advocacy.
6. An occupational therapy assistant selects, implements, and makes modifications to therapeutic interventions that are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.
7. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client's needs, goals, and performance.
8. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.
9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA documents.

Standard IV. Outcomes

1. An occupational therapist is responsible for selecting, measuring, documenting, and interpreting expected or achieved outcomes that are related to the client's ability to engage in occupations.
2. An occupational therapist is responsible for documenting changes in the client's performance and capacities and for transitioning the client to other types or intensity of service or discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.
3. An occupational therapist prepares and implements a transition or discontinuation plan based on the client's needs, goals, performance, and appropriate follow-up resources.
4. An occupational therapy assistant contributes to the transition or discontinuation plan by providing information and documentation to the supervising occupational therapist related to the client's needs, goals, performance, and appropriate follow-up resources.
5. An occupational therapy practitioner facilitates the transition or discharge process in collaboration with the client, family members, significant others, other professionals (e.g., medical, educational, or social services), and community resources, when appropriate.
6. An occupational therapist is responsible for evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.
7. An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

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Revised by the Commission on Practice 2010

This revision replaces the 2005 document *Standards of Practice for Occupational Therapy* (previously published and copyrighted in 2005 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 59, 663–665).

To be published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 64(November/December).

Note. These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.

Guidelines for Documentation of Occupational Therapy

Documentation is necessary whenever professional services are provided to a client. Occupational therapists and occupational therapy assistants¹ determine the appropriate type of documentation and document the services provided within their scope of practice. This document, based on the Occupational Therapy Practice Framework: Domain and Process (American Occupational Therapy Association [AOTA], 2002, 2008), describes the components and the purpose of professional documentation used in occupational therapy. AOTA's Standards of Practice for Occupational Therapy (2005) state that an occupational therapy practitioner² documents the occupational therapy services and "abides by the time frames, format, and standards established by the practice settings, government agencies, external accreditation programs, payers, and AOTA documents" (p. 664). In this document, client may refer to an individual, organization, or population.

The purpose of documentation is to:

- Articulate the rationale for provision of occupational therapy services and the relationship of this service to the client's outcomes
- Reflect the occupational therapy practitioners' clinical reasoning and professional judgment
- Communicate information about the client from the occupational therapy perspective
- Create a chronological record of client status, occupational therapy services provided to the client, and client outcomes.

Types of Documentation

Box 1 outlines common types of reports. Depending on the service delivery and setting, reports may be named differently or combined and reorganized to meet the specific needs of the setting. Occupational therapy documentation should always record the professional's activity in the areas of evaluation, intervention, and outcomes (AOTA, 2002, 2008).

Box 1. Common Types of Occupational Therapy Report

Process Areas	Type of Report
I. Evaluation	A. Evaluation or Screening Report B. Reevaluation Report
II. Intervention	1. Intervention Plan 2. Occupational Therapy Service Contacts 3. Progress Report 4. Transition Plan
III. Outcomes	5. Discharge/Discontinuation Report

¹Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2004).

²When the term occupational therapy practitioner is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006).

Content of Reports

I. Evaluation

A. Evaluation or Screening Report

1. Documents the referral source and data gathered through the evaluation process, including
 - a. Description of the client's occupational profile
 - b. Analysis of occupational performance and identification of factors that hinder and support performance in areas of occupation
 - c. Delineation of specific areas of occupation and occupational performance that will be targeted for intervention and outcomes expected.
2. An abbreviated evaluation process (e.g., screening) documents only limited areas of occupation and occupational performance applicable to the client and to the situation.
3. Suggested content with examples includes
 - a. Client information—name/agency, date of birth, gender, health status, applicable medical/educational/developmental diagnoses, precautions, and contraindications
 - b. Referral information—date and source of referral, services requested, reason for referral, funding source, and anticipated length of service
 - c. Occupational profile—client's reason for seeking occupational therapy services, current areas of occupation that are successful and problematic, contexts and environments that support and hinder occupations, medical/educational/work history, occupational history (e.g., patterns of living, interest, values), client's priorities, and targeted outcomes
 - d. Assessments used and results—types of assessments used and results (e.g., interviews, record reviews, observations, standardized or nonstandardized assessments), and confidence in test results

- e. Analysis of occupational performance—description of and judgment about performance skills, performance patterns, contexts and environments, features of the activities, and client factors that facilitate and inhibit performance
- f. Summary and analysis—interpretation and summary of data as it is related to occupational profile and referring concern
- g. Recommendation—judgment regarding appropriateness of occupational therapy services or other services.

Note: Intervention goals addressing anticipated outcomes, objectives, and frequency of therapy are listed on the Intervention Plan (see below).

B. Reevaluation Report

1. Documents the results of the reevaluation process. Frequency of reevaluation depends on the needs of the setting and the progress of the client.
2. Suggested content with examples include
 - a. Client information—name/agency, date of birth, gender, applicable medical/educational/developmental diagnoses, precautions, and contraindications
 - b. Occupational profile—updates on current areas of occupation that are successful and problematic, contexts and environments that support or hinder occupations, summary of any new medical/educational/work information, and updates or changes to client’s priorities and targeted outcomes
 - c. Reevaluation results—focus of reevaluation, specific types of assessments used, and client’s performance and subjective responses
 - d. Summary and analysis—interpretation and summary of data as related to referring concern and comparison of results with previous evaluation results
 - e. Recommendations—changes to occupational therapy services, revision or continuation of goals and objectives, frequency of occupational therapy services, and recommendation for referral to other professionals or agencies where applicable.

II. Intervention

A. Intervention Plan

1. Documents the goals, intervention approaches, and types of interventions to be used to achieve the client’s identified targeted outcomes based on results of evaluation or reevaluation processes. Includes recommendations or referrals to other professionals and agencies.
2. Suggested content with examples include
 - a. Client information—name/agency, date of birth, gender, precautions, and contraindications
 - b. Intervention goals—measurable goals and short-term objectives directly related to the client’s ability and need to engage in desired occupations

- c. Intervention approaches and types of interventions to be used—intervention approaches that include create/promote, establish/restore, maintain, modify, and prevent; types of interventions that include consultation process, education process, advocacy, therapeutic use of occupations or activities, and therapeutic use of self
- d. Service delivery mechanisms—service provider, service location, and frequency and duration of services
- e. Plan for discharge—discontinuation criteria, location of discharge, and follow-up care
- f. Outcome measures—outcomes that include improved occupational performance, adaptation, role competence, improved health and wellness, prevention of further difficulties, improved quality of life, self-advocacy, and occupational justice
- g. Professionals responsible and date of plan—names and positions of persons overseeing plan, date plan was developed, and date when plan was modified or reviewed.

B. Occupational Therapy Service Contacts

- 1. Documents contacts between the client and the occupational therapy practitioner. Records the types of interventions used and client's response. Includes telephone contacts, interventions, and meetings with others.
- 2. Suggested content with examples include
 - a. Client information—name/agency, date of birth, gender, diagnosis, precautions, and contraindications
 - b. Therapy log—date, type of contact, names/positions of persons involved, summary or significant information communicated during contacts, client attendance and participation in intervention, reason service is missed, types of interventions used, client's response, environmental or task modification, assistive or adaptive devices used or fabricated, statement of any training education or consultation provided, and the persons present.

C. Progress Report

- 1. Summarizes intervention process and documents client's progress toward goals achievement. Includes new data collected; modifications of treatment plan; and statement of need for continuation, discontinuation, or referral.
- 2. Suggested content with examples include
 - a. Client information—name/agency, date of birth, gender, diagnosis, precautions, and contraindications
 - b. Summary of services provided—brief statement of frequency of services and length of time services have been provided; techniques and strategies used; environmental or task modifications provided; adaptive equipment or orthotics provided; medical, educational, or other pertinent client updates; client's response to occupational therapy services; and programs or training provided to the client or caregivers

- c. Current client performance—client’s progress toward the goals and client’s performance in areas of occupations
- d. Plan or recommendations—recommendations and rationale as well as client’s input to changes or continuation of plan.

D. Transition Plan

1. Documents the formal transition plan and is written when client is transitioning from one service setting to another within a service delivery system.
2. Suggested content with examples include
 - a. Client information—name/agency, date of birth, gender, diagnosis, precautions, and contraindications
 - b. Client’s current status—client’s current performance in occupations
 - c. Transition plan—name of current service setting and name of setting to which client will transition, reason for transition, time frame in which transition will occur, and outline of activities to be carried out during the transition plan
 - d. Recommendations—recommendations and rationale for occupational therapy services, modifications or accommodations needed, and assistive technology and environmental modifications needed.

III. Outcomes

A. Discharge Report—Summary of Occupational Therapy Services and Outcomes

1. Summarize the changes in client’s ability to engage in occupations between the initial evaluation and discontinuation of services and make recommendations as applicable.
2. Suggested content with examples include
 - a. Client information—name/agency, date of birth, gender, diagnosis, precautions, and contraindications
 - b. Summary of intervention process—date of initial and final service; frequency, number of sessions, summary of interventions used; summary of progress toward goals; and occupational therapy outcomes—initial client status and ending status regarding engagement in occupations, client’s assessment of efficacy of occupational therapy services
 - c. Recommendations—recommendations pertaining to the client’s future needs; specific follow-up plans, if applicable; and referrals to other professionals and agencies, if applicable.

Each occupational therapy client has a client record maintained as a permanent file. The record is maintained in a professional and legal fashion (i.e., organized, legible, concise, clear, accurate, complete, current, grammatically correct, and objective).

Box 2. Fundamental Elements of Documentation

Elements Present in All Documentation

1. Client's full name and case number (if applicable) on each page of documentation.
2. Date and type of occupational therapy contact.
3. Identification of type of documentation, agency, and department name.
4. Occupational therapy practitioners' signature with a minimum of first name or initial, last name, and professional designation.
5. When applicable on notes or reports, signature of the recorder directly at the end of the note without space left between the body of the note and the signature.
6. Countersignature by an occupational therapist on documentation written by students and occupational therapy assistants when required by law or the facility.
7. Acceptable terminology defined within the boundaries of setting.
8. Abbreviations usage as acceptable within the boundaries of setting.
9. When no facility requirements are listed, errors corrected by drawing a single line through an error and by initialing the correction (liquid correction fluid and erasures are not acceptable).
10. Adherence to professional standards of technology, when used to document occupational therapy services.
11. Disposal or records within law or agency requirements.
12. Compliance with confidentiality standards.
13. Compliance with agency or legal requirements of storage of records.

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Code of Ethics for North Carolina Educators

Adopted by the State Board of Education June 5, 1997

Preamble

The purpose of this Code of Ethics is to define standards of professional conduct. The responsibility to teach and the freedom to learn, and the guarantee of equal opportunity for all are essential to the achievement of these principles. The professional educator acknowledges the worth and dignity of every person and demonstrates the pursuit of truth and devotion to excellence, acquires knowledge, and nurtures democratic citizenship. The educator strives to maintain the respect and confidence of colleagues, students, parents and legal guardians, and the community, and to serve as an appropriate role model. The educator exemplifies a commitment to the teaching and learning processes with accountability to the students, maintains professional growth, exercises professional judgment, and personifies integrity. To uphold these commitments, the educator:

I. Commitment to the Student

-
- A. Protects students from conditions within the educator's control that circumvent learning or are detrimental to the health and safety of students.
-
- B. Maintains an appropriate relationship with students in all settings; does not encourage, solicit, or engage in a sexual or romantic relationship with students, nor touch a student in an inappropriate way for personal gratification, with intent to harm, or out of anger.
-
- C. Evaluates students and assigns grades based upon the students' demonstrated competencies and performance.
-
- D. Disciplines students justly and fairly and does not deliberately embarrass or humiliate them.
-
- E. Holds in confidence information learned in professional practice except for professional reasons or in compliance with pertinent regulations or statutes.
-
- F. Refuses to accept significant gifts, favors, or additional compensation that might influence or appear to influence professional decisions or actions.

II. Commitment to the School and School System

- A. Utilizes available resources to provide a classroom climate conducive to learning and to promote learning to the maximum possible extent.
-
- B. Acknowledges the diverse views of students, parents and legal guardians, and colleagues as they work collaboratively to shape educational goals, policies, and decisions; does not proselytize for personal viewpoints that are outside the scope of professional practice.
-
- C. Signs a contract in good faith and does not abandon contracted professional duties without a substantive reason
-
- D. Participates actively in professional decision-making process and supports the expression of professional opinions and judgments by colleagues in decision making processes or due process proceedings.
-

E. When acting in an administrative capacity:

-
- 1. Acts fairly, consistently, and prudently in the exercise of authority with colleagues, subordinates, students, and parents and legal guardians.
-
- 2. Evaluates the work of other educators using appropriate procedures and established statutes and regulations.
-
- 3. Protects the rights of others in the educational setting, and does not retaliate, coerce, or intentionally intimidate others in the exercise of rights protected by law.
-
- 4. Recommends persons for employment, promotion, or transfer according to their professional qualifications, the needs and policies of the LEA, and according to the law.

III. Commitment to the Profession

- A. Provides accurate credentials and information regarding licensure or employment and does not knowingly assist others in providing untruthful information.
 -
- B. Takes action to remedy an observed violation of the Code of Ethics for North Carolina Educators and promotes understanding of the principles of professional ethics.
 -
- C. Pursues growth and development in the practice of the profession and uses that knowledge in improving the educational opportunities, experiences, and performance of students and colleagues.

Code of Professional Practice and Conduct for North Carolina Educators

The North Carolina State Board of Education (SBE) has adopted rules to establish uniform standards of professional conduct for licensed professional educators throughout the state. These rules have been incorporated into Title 16 of the North Carolina Administrative Code and have the effect of law. These rules shall be the basis for State Board of Education review of performance of professional educators and are binding on every person licensed by the State Board of Education. Violation of the standards shall subject an educator to investigation and possible disciplinary action by the State Board of Education or local school district.

SECTION .0600 - Code of Professional Practice and Conduct for North Carolina Educators

16 NCAC 6C.0601 - The Purpose and Applicability of the Rules of Professional Conduct for Educators

The purpose of these rules is to establish and uphold uniform standards of professional conduct for licensed professional educators throughout the State. These rules shall be binding on every person licensed by the SBE, hereinafter referred to as “educator” or “professional educator,” and the possible consequences of any willful breach shall include license suspension or revocation. The prohibition of certain conduct in these rules shall not be interpreted as approval of conduct not specifically cited.

History Note: Authority G.S. 115C-295.3;
Eff. April 1, 1998.

16 NCAC 6C.0602 - The Standards of Professional Conduct for NC Educators

- a. The standards listed in this Section shall be generally accepted for the education profession and shall be the basis for State Board review of performance of professional educators. These standards shall establish mandatory prohibitions and requirements for educators. Violation of these standards shall subject an educator to investigation and disciplinary action by the SBE or LEA.
 -
- b. Professional educators shall adhere to the standards of professional conduct contained in this Rule. Any intentional act or omission that violates these standards is prohibited.
 -
 - 1. Generally recognized professional standards. The educator shall practice the professional standards of federal, state, and local governing bodies.
 -
 - 2. Personal conduct. The educator shall serve as a positive role model for students, parents, and the community. Because the educator is entrusted with the care and education of small children and adolescents, the educator shall demonstrate a high standard of personal character and conduct.
 -
 - 3. Honesty. The educator shall not engage in conduct involving dishonesty, fraud, deceit, or misrepresentation in the performance of professional duties including the following:
 -
 - a. Statement of professional qualifications;
 - b. Application or recommendation for professional employment, promotion, or licensure;
 - c. Application or recommendation for college or university admission, scholarship, grant, academic award, or similar benefit;
 - d. Representation of completion of college or staff development credit;
 - e. Evaluation or grading of students or personnel;
 - f. Submission of financial or program compliance reports submitted to state, federal, or other governmental agencies;
 - g. Submission of information in the course of an official inquiry by the employing LEA or the SBE related to facts of unprofessional conduct, provided, however, that an educator shall be given

- adequate notice of the allegations and may be represented by legal counsel; and
- h. Submission of information in the course of an investigation by a law enforcement agency, child protective services, or any other agency with the right to investigate, regarding school-related criminal activity; provided, however, that an educator shall be entitled to decline to give evidence to law enforcement if such evidence may tend to incriminate the educator as that term is defined by the Fifth Amendment to the U.S. Constitution.
4. Proper remunerative conduct. The educator shall not solicit current students or parents of students to purchase equipment, supplies, or services from the educator in a private remunerative capacity. An educator shall not tutor for remuneration students currently assigned to the educator's classes, unless approved by the local superintendent. An educator shall not accept any compensation, benefit, or thing of value other than the educator's regular compensation for the performance of any service that the educator is required to render in the course and scope of the educator's employment. This Rule shall not restrict performance of any overtime or supplemental services at the request of the LEA; nor shall it apply to or restrict the acceptance of gifts or tokens of minimal value offered and accepted openly from students, parents, or other persons in recognition or appreciation of service.
 5. Conduct with students. The educator shall treat all students with respect. The educator shall not commit any abusive act or sexual exploitation with, to, or in the presence of a student, whether or not that student is or has been under the care or supervision of that educator, as defined below:
 - a. Any use of language that is considered profane, vulgar, or demeaning;
 - b. Any sexual act;
 - c. Any solicitation of a sexual act, whether written, verbal, or physical;
 - d. Any act of child abuse, as defined by law;
 - e. Any act of sexual harassment, as defined by law; and
 - f. Any intentional solicitation, encouragement, or consummation of a romantic or physical relationship with a student, or any sexual contact with a student. The term "romantic relationship" shall include dating any student.
 6. Confidential information. The educator shall keep in confidence personally identifiable information regarding students or their family members that has been obtained in the course of professional service, unless disclosure is required or permitted by law or professional standards, or is necessary for the personal safety of the student or others.
 7. Rights of others. The educator shall not willfully or maliciously violate the constitutional or civil rights of a student, parent/legal guardian, or colleague.
 8. Required reports. The educator shall make all reports required by Chapter 115C of the North Carolina General Statutes.
 9. Alcohol or controlled substance abuse. The educator shall not:
 - a. Be under the influence of, possess, use, or consume on school premises or at a school-sponsored activity a controlled substance as defined by N.C. Gen. Stat./90-95, the Controlled Substances Act, without a prescription authorizing such use;
 - b. Be under the influence of, possess, use, or consume an alcoholic beverage or a controlled substance on school premises or at a school-sponsored activity involving students; or
 - c. Furnish alcohol or a controlled substance to any student except as indicated in the professional duties of administering legally prescribed medications.
 - d. Compliance with criminal laws. The educator shall not commit any act referred to in G.S. 115C-

332 and any felony under the laws of the United States or of any state.

10. Public funds and property. The educator shall not misuse public funds or property, funds of a school-related organization, or colleague's funds. The educator shall account for funds collected from students, colleagues, or parents/legal guardians. The educator shall not submit fraudulent requests for reimbursement, expenses, or pay.
11. Scope of professional practice. The educator shall not perform any act as an employee in a position for which licensure is required by the rules of the SBE or by Chapter 115C or the North Carolina General Statutes during any period in which the educator's license has been suspended or revoked.
12. Conduct related to ethical violations. The educator shall not directly or indirectly use or threaten to use any official authority or influence in any manner that tends to discourage, restrain, interfere with, coerce, or discriminate against any subordinate or any licensee who in good faith reports, discloses, divulges, or otherwise brings to the attention of an LEA, the SBE, or any other public agency authorized to take remedial action, any facts or information relative to actual or suspected violation of any law regulating the duties of persons serving in the public school system including but not limited to these Rules.

History Note: Authority G.S. 115C-295.3; Eff. May 1, 1998.

Occupational Therapy Code of Ethics and Ethics Standards (2010)

Preamble

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (“Code and Ethics Standards”) is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. “Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life” (AOTA, 2004, p. 694). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, *ethical action* it is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage.

While much has changed over the course of the profession’s history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993): *altruism, equality, freedom, justice, dignity, truth, and prudence*. *Altruism* is the individual’s ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational

therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the *Occupational Therapy Code of Ethics and Ethics Standards (2010)* are to:

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* define the set of principles that apply to occupational therapy personnel at all levels:

DEFINITIONS:

- **Recipient of service:** Individuals or groups receiving occupational therapy.
- **Student:** A person who is enrolled in an accredited occupational therapy education program.
- **Research participant:** A prospective participant or one who has agreed to participate in an approved research project.
- **Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public:** The community of people at large.

BENEFICENCE

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2009). Forms of beneficence typically include altruism, love, and humanity. Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2009).

Occupational therapy personnel shall:

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
- C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- A. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
- B. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
- C. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
- D. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
- E. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.
- F. Refer to other health care specialists solely on the basis of the needs of the client.
- G. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.
- H. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
- I. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical

guidelines and standards for the protection of research participants and the dissemination of results.

- J. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.
- K. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

NONMALEFICENCE

Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner's responsibility to refrain from causing harm, inflicting injury, or wronging others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This principle often is examined under the context of *due care*. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

Occupational therapy personnel shall:

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
- C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
- E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
- G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
- H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.

- I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
- J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.
- K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
- L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

AUTONOMY, CONFIDENTIALITY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

The principle of autonomy and confidentiality expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care and to protect the client's confidential information. Often *autonomy* is referred to as the *self-determination* principle. However, respect for autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a "person's right to hold views, to make choices, and to take actions based on personal values and beliefs" (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

Occupational therapy personnel shall:

- A. Establish a collaborative relationship with recipients of service, including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational

institution.

- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
- F. Respect research participant's right to withdraw from a research study without consequences.
- G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
- I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
- J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Social justice, also called *distributive justice*, refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society.

Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

Occupational therapy personnel shall

- A. Uphold the profession's altruistic responsibilities to help ensure the common good.
- B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
- C. Make every effort to promote activities that benefit the health status of the community.
- D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.

- E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.
- F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.
- G. Consider offering *pro bono* (“for the good”) or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure “fair treatment” (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policies, regulations, and laws are followed. While *the law* and *ethics* are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.

Occupational therapy personnel shall

- A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
- B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
- C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
- F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.

- G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.
- K. Use funds for intended purposes, and avoid misappropriation of funds.
- L. Take reasonable steps to ensure that employers are aware of occupational therapy's ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
- M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
- N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
- O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
- P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY

Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The principle of *veracity* in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client's understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided. Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall:

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
- C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- I. Give credit and recognition when using the work of others in written, oral, or electronic media.
- J. Not plagiarize the work of others.

FIDELITY**Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.**

The principle of fidelity comes from the Latin root *fidelis* meaning loyal. Fidelity refers to being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client's reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Occupational therapy personnel shall:

- A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.

- B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards, and report any breaches of the former to the appropriate authorities.
- D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
- E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
- G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

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Note. This document replaces the following rescinded Ethics documents 2010CApril18: the *Occupational Therapy Code of Ethics (2005)* (*American Journal of Occupational Therapy*, 59, 639–642); the *Guidelines to the Occupational Therapy Code of Ethics* (*American Journal of Occupational Therapy*, 60, 652–658); and the *Core Values and Attitudes of Occupational Therapy Practice* (*American Journal of Occupational Therapy*, 47, 1085–1086).

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Appendix B: School-Based Occupational Therapist Evaluation Forms

Rubric for Evaluating North Carolina's School-Based Occupational Therapists

School-Based Occupational Therapist Summary Rating Form

Summary Rating Sheet

Professional Development Plan

Record of School-Based Occupational Therapist Evaluation Activities

Rubric for Evaluating North Carolina’s School-Based Occupational Therapists

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Leadership. School-based occupational therapists support and promote high professional standards for themselves and for their colleagues. They are knowledgeable of and actively implement school, department, district, State, and professional goals and provide guidance to others in doing likewise.				
The occupational therapist: ☐ Ensures the safety of the occupational therapy service delivery process. Demonstrates knowledge of: ☐ The scope of school-based occupational therapy practice, including philosophy, principles, theories, and practice concepts; ☐ Standards, regulations, and laws that impact school-based practice; ☐ Goals of the district, department, and school.	... and The occupational therapist: ☐ Articulates information about school-based occupational therapy practice and philosophy. ☐ Participates in developing and/or implementing the goals and priorities outlined in the district and department improvement plan.	and... The occupational therapist: ☐ Assumes leadership roles in the department. ☐ Plans and implements educational programs for department and school staff. ☐ Ensures the effectiveness of the occupational therapy service delivery process. ☐ Participates in hiring, mentoring, and/or supporting other occupational therapists, interns, or school-based occupational therapy students.	and... The occupational therapist: ☐ Assists other staff with understanding and applying regulations and policies that impact school-based occupational therapy. ☐ Provides input into the update of state and district policies and procedures designed to help occupational therapists operationalize district, State, and federal laws and regulations. ☐ Guides others to develop professional goals and skills.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element b. Teamwork. School-based occupational therapists work collaboratively with school and LEA personnel to create professional learning communities that enhance student learning and create positive working environments. School-based occupational therapists provide input into the selection of professional development to build staff capacity and address the needs of students. They anticipate, problem-solve, and share the workload of the department.				
The occupational therapist: ☐ Establishes professional relationships with colleagues. ☐ Responds to school staff and parents' requests in a timely manner. ☐ Adheres to approved procedures for communicating with school staff, parents and students. Contributes to: ☐ IEP meetings and processes; ☐ Departmental and professional meetings.	and... The occupational therapist: ☐ Contributes to a positive, productive, cooperative, and supportive work environment. ☐ Collaborates with educational personnel as essential partners in implementing student plans. ☐ Uses an occupation-based approach to collaborate with the team to achieve student outcomes. ☐ Educates school personnel, parents, and students about occupational therapy services. ☐ Maintains contact with community agencies and professionals.	and... The occupational therapist: Models positive interactions with: ☐ Students; ☐ Parents; ☐ Other occupational therapists; ☐ Educators; ☐ Members of the school community. ☐ Initiates new partnerships with community agencies and professionals. ☐ Shares ideas to help colleagues in times of need. ☐ Participates in departmental committees or work groups.	and... The occupational therapist: ☐ Participates in school, community, state, and/or national committees or task forces. ☐ Leads IEP meetings to resolve complex situations to meet student needs.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. Vision. School-based occupational therapists embrace, communicate, and contribute to the strategic vision of the local district, department and assigned schools to help ensure that all students are equipped and prepared with life skills for the 21 st century. School-based occupational therapists articulate core beliefs and values of the profession, department and local district. They establish standards of excellence to create a professional learning community.				
The occupational therapist: ☐ Is aware of the department/school/district vision that all students are prepared for the 21st century. ☐ Is aware of national professional vision, core values, and beliefs.	and... The occupational therapist: ☐ Participates in implementing the department/school/district vision. Articulates a vision for: ☐ Students; ☐ Occupational therapy department/program; ☐ Exceptional Child department; ☐ School/District.	and... The occupational therapist: ☐ Monitors progress toward achieving the department/school/district vision. ☐ Adjusts programs in order to address local trends and issues. Assists others in: ☐ Adhering to professional standards and values; ☐ Achieving professional goals.	and... The occupational therapist: ☐ Participates in developing the department/school/district vision. ☐ Instills in others a desire to improve student outcomes. ☐ Articulates and develops goals for the department and district. ☐ Anticipates and prepares for current and future professional trends on state or national level.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element d. Ethics. School-based occupational therapists exhibit high ethical standards. School-based occupational therapists demonstrate honesty, integrity, fair treatment, and respect for others. They uphold relevant codes of ethics and standards of professional practice.				
The occupational therapist: Abides by: ☐ The <i>Code of Ethics for North Carolina Educators</i>; ☐ Code of <i>Professional Practice and Conduct for North Carolina Educators</i>. ☐ <i>American Occupational Therapy Association Code of Ethics</i>; ☐ <i>American Occupational Therapy Association Standards of Practice</i>; (See Appendix A). ☐ Accepts responsibility for actions and decisions that affect student outcomes. ☐ Respects the dignity, privacy, and confidentiality of students, families, and other professionals. ☐ Participates in ethics training and/or education.	... and The occupational therapist: ☐ References applicable local, state, and professional standards to guide ethical decision making in school-based practice. ☐ Reports unsafe or unethical situations to appropriate entity. ☐ Consults with supervisor or ethics committee to resolve ethical issues.	... and The occupational therapist: ☐ Encourages colleagues to uphold high ethical standards. ☐ Models respect for the dignity, privacy, and confidentiality of others within the work environment.	... and The occupational therapist: ☐ Models the profession's ethical principles and core values when assessing, clarifying, and resolving potential ethical and/or regulatory conflicts. ☐ Contributes to the development of departmental policies and protocols related to ethics. ☐ Provides professional development on ethics.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element e. Advocacy. School-based occupational therapists advocate for positive changes in policies and practices affecting student learning and occupational therapy programs and service delivery. They participate in the implementation of initiatives designed to improve educational and support services to promote positive student outcomes, particularly through promoting disability awareness in the school and district. They advocate for research-based, policy-compliant services to address student needs.				
The occupational therapist: ☐ Knows about policies and practices affecting student learning. ☐ Knows about policies and practices affecting occupational therapy programs and service delivery. ☐ Knows about disability awareness at the school and district level.	... and The occupational therapist: ☐ Supports policies and practices affecting student learning. ☐ Supports policies and practices affecting occupational therapy programs and service delivery. ☐ Supports disability awareness at the school and district level..	... and The occupational therapist: ☐ Participates in developing policies and practices affecting student learning. ☐ Participates in developing policies and practices affecting occupational therapy programs and service delivery. ☐ Participates in developing policies and practices regarding disability awareness at the school and district level.	... and The occupational therapist: ☐ Actively participates, promotes, and provides strong supporting evidence for implementation of initiatives to improve education. ☐ Actively participates, promotes, and provides strong supporting evidence for implementation of initiatives to improve occupational therapy programs and service delivery. ☐ Actively participates, promotes, and provides strong supporting evidence for implementation of initiatives to improve disability awareness at the school and district level.	

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element f. Supervision and Oversight. School-based occupational therapists value supervision that provides support, education, monitoring of service delivery, and creates a safe forum to reflect on professional practice to positively impact student learning outcomes.				
The occupational therapist: ☐ Understands the importance of the supervision process. ☐ Seeks feedback from supervisors and colleagues. ☐ Modifies behavior based on supervisory feedback.	... and The occupational therapist: ☐ Participates in the supervisory process to increase professional knowledge and skills. ☐ Supervises and provides feedback to assigned staff, fieldwork students, and volunteers.	... and The occupational therapist: ☐ Provides education and training of staff, fieldwork students, and volunteers. ☐ Positively impacts the work of colleagues by sharing best practice strategies.	... and The occupational therapist: ☐ Develops and oversees fieldwork student and/or mentoring program. ☐ Supervises/oversees occupational therapy-generated programs. ☐ Assists other staff in identifying professional goals.	
Examples of artifacts that may be used to demonstrate performance: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/ memberships /specialty certifications ☐ Documentation of self-improvement plan, continuing competence activities and/or grants, aligned with professional, district/school and department's vision/mission and goals/ improvement plans				
Evaluator Comments: (Required for all "Not Demonstrated" ratings, recommended for all ratings.)				
Comments of Person Being Evaluated: (Optional)				

Standard 2: School-based occupational therapists promote a respectful environment for diverse populations.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Communication. School-based occupational therapists use language that is appropriate and easily understood by the listener, and they adapt their communication for their audiences. They are active listeners, respect cultural differences, and assist others in communicating effectively.				
The occupational therapist: ☐ Uses active listening strategies. Expresses self clearly and accurately: ☐ Orally; ☐ In writing.	... and The occupational therapist: ☐ Adapts communication to the unique characteristics and backgrounds of the audience.	... and The occupational therapist: ☐ Facilitates effective communication between and among students, families, educators, and other professionals.	... and The occupational therapist: ☐ Communicates persuasively to a variety of audiences. ☐ Provides a range of resources and services that address student, family, and community needs.	
Element b. Least Restrictive Environment. School-based occupational therapists help to ensure that every student receives services in the least restrictive environment. They continually monitor service delivery to reflect the least restrictive environment for the students they serve. They actively assist other school personnel to develop and implement appropriate contexts and strategies for students with differing needs.				
The occupational therapist: Articulates the: ☐ Range of environments in which students may be served; ☐ Dynamic nature of occupation in the least restrictive environment.	... and The occupational therapist: ☐ Provides services in the least restrictive environments.	... and The occupational therapist: ☐ Encourages and supports team members to serve every student in the least restrictive environment. ☐ Actively engages others in work that supports students' unique learning and developmental needs.	... and The occupational therapist: ☐ Trains families and other professionals to understand the range of learning environments available for students. ☐ Expands and enhances knowledge and awareness of the full range of support least restrictive environments at the department, school, and district levels.	

Standard 2: School-based occupational therapists promote a respectful environment for diverse populations.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. Diversity. School-based occupational therapists recognize the influence of race, ethnicity, gender, religion, health, culture, ability, and other factors on development and personality. They adapt professional activities to reflect these differences among the students, families, and staff they serve. School-based occupational therapists create and encourage an environment that is inviting, respectful, supportive, inclusive, and flexible for every student.				
The occupational therapist: ☐ Acknowledges the influence of race, ethnicity, gender, religion, socio-economics, and culture on students' development and attitudes.	The occupational therapist: ☐ Respects and embraces diversity/perspectives of others. ☐ Understands own position on matters of diversity and reflects on and changes position as appropriate.	The occupational therapist: ☐ Models understanding and respect for cultural differences. ☐ Creates situations in which students may demonstrate understanding of and respect for diversity. ☐ Encourages others to understand and respect students' diversity.	The occupational therapist: ☐ Promotes a deep understanding of diversity through the integration of culturally sensitive materials. ☐ Participates in the development of department, school, and/or district policies to promote respect and understanding of diversity. ☐ Works at the state and national level to promote engagement of individuals from diverse backgrounds in the profession.	

Examples of artifacts that may be used to demonstrate performance: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/ memberships /specialty certifications ☐ Documentation of professional development/continuing competence activities on diversity, cultural attitudes and awareness ☐ Service on committees, work groups and special projects to support diversity, cultural awareness and range of student environments ☐ Student profiles documented in written reports ☐ Documentation of collaboration/cooperation with ESL teachers ☐ Documentation of activity planning /implementation to incorporate cultural awareness
Evaluator Comments: (Required for all “Not Demonstrated” ratings, recommended for all ratings.)
Comments of Person Being Evaluated: (Optional)

Standard 3: School-based occupational therapists apply the skills and knowledge of their profession within educational settings.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Program Administration and Management. School-based occupational therapists effectively structure work tasks in accordance with local, state, and federal requirements and best practice guidelines. School-based occupational therapists assume professional responsibility for safe, effective, and timely delivery of occupational therapy (OT) services; and the oversight and/or improvement of occupational therapy systems and services.				
The occupational therapist: ☐ Prioritizes and schedules work tasks. ☐ Maintains current student files for use by authorized school personnel. ☐ Seeks information about best practice guidelines which impact program administration.	The occupational therapist: ☐ Manages inventory of therapeutic equipment and assessments. ☐ Contributes data for budget planning. ☐ Submits administrative reports as required.	The occupational therapist: Ensures that workloads are: ☐ Reasonable. ☐ Evenly distributed. ☐ Makes appropriate materials and assessments available for use. ☐ Collects and analyzes data to improve the occupational therapy program.	The occupational therapist: ☐ Shares effective work place processes and materials with other districts or states. ☐ Consistently collects and uses data to make decisions regarding administration and management of the occupational therapy program.	
Element b. Policies and Laws. School-based occupational therapists are knowledgeable and skillful regarding state and federal legislation, professional standards, best practice guidelines, and local policy.				
The occupational therapist: ☐ Abides by all NCBOT, AOTA, IDEA, DPI, and local policies, standards, and best practice guidelines	The occupational therapist: ☐ Ensures program compliance with NCBOT, AOTA, IDEA, DPI, and local policies, standards, and best practice guidelines.	The occupational therapist: ☐ Shares knowledge of current legislative and procedural issues that affect students and school-based practice.	The occupational therapist: ☐ Participates on state or national task forces to develop best practice guidelines for school-based occupational therapy. ☐ Participates in policy revision and/or development at local, state, or federal level.	

Standard 3: School-based occupational therapists apply the skills and knowledge of their profession within educational settings.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. Work behaviors. School-based occupational therapists are flexible, efficient, timely, reliable, and competent. They are engaged and responsive team members, as evidenced by adhering to deadlines, setting priorities, and setting appropriate limits. They are productive and complete assigned work with a positive attitude. They demonstrate safe, healthy, and ergonomically correct work practices.				
The occupational therapist: Demonstrates: ☐ Safe work practices; ☐ A positive professional approach to the work; ☐ Healthy and ergonomically correct work practices; ☐ Eagerness to learn.	... and The occupational therapist: ☐ Completes assigned work with a positive attitude. ☐ Is self-directed. ☐ Uses time and resources efficiently.	... and The occupational therapist: ☐ Demonstrates flexibility, adaptability and agility in approach. ☐ Promotes a positive attitude in colleagues	... and The occupational therapist: ☐ Is viewed by peers, colleagues, and leadership as being an example of excellence with respect to attitude, skills, and professionalism.	
Examples of artifacts that may be used to demonstrate performance:				
☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/ memberships /specialty certifications ☐ Documentation of data collection, interventions and outcomes to guide student/program services ☐ Service on committees and work groups for program and policy changes ☐ Documentation of program administration and management activities (referral logs, caseloads, student files, calendars, schedules, year-end reports, equipment inventory) ☐ Use of local, state and national standards and best practice guidelines in student services and documentation ☐ Documentation of special awards, recognitions, letters ☐ ☐ ☐ ☐				

Evaluator Comments: (Required for all “Not Demonstrated” ratings, recommended for all ratings.)

Comments of Person Being Evaluated: (Optional)

Standard 4: School-based occupational therapists facilitate student learning for optimal student performance and functional independence.				
Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. North Carolina Standard Course of Study. School-based occupational therapists ground their practice in school-related occupations and support student progress in the North Carolina Standard Course of Study (Common Core and Essential Standards).				
The occupational therapist: ☐ Articulates school-related occupations across grade levels. ☐ References the <i>North Carolina Standard Course of Study</i> in occupational therapy practices and processes.	... and The occupational therapist: ☐ Uses the <i>North Carolina Standard Course of Study</i> to facilitate student progress in school-related occupations.	... and The occupational therapist: ☐ Guides others in using the <i>North Carolina Standard Course of Study</i> to facilitate student progress in school-related occupations.	... and The occupational therapist: ☐ Develops and presents workshops, in-services, or presentations on using the <i>North Carolina Standard Course of Study</i> to facilitate student progress in school-related occupations.	
Element b. Evidence-based Practice. School-based occupational therapists plan, deliver, and revise appropriate interventions based on evaluation data. They review current occupational therapy and other pertinent professional literature; use reliable, valid assessments; plan interventions based on research; build and work from their own clinical knowledge and expertise; and evaluate the effectiveness of their work based on analysis of evidence.				
The occupational therapist: ☐ Defines evidence-based practice. ☐ Locates evidence resources.	... and The occupational therapist: ☐ Provides evidence-based occupational therapy services. ☐ Uses professional literature, continuing education content, client evidence, and clinical experience to make decisions. ☐ Modifies interventions based on evidence.	... and The occupational therapist: ☐ Investigates and selects alternative research-based approaches to develop and revise plans of care. ☐ Participates in research activities.	... and The occupational therapist: ☐ Provides training regarding evidence-based practice. ☐ Contributes to the professional evidence base by presenting/publishing findings.	

Standard 4: School-based occupational therapists facilitate student learning for optimal student performance and functional independence.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element c. Evaluation and Identification. School-based occupational therapists gather student performance data using contextual observation, standardized assessments, interviews, file reviews, student work samples, and other inquiry methods as deemed appropriate. They interpret evaluation data for the student's team to assist with decisions regarding special education eligibility, goals, placement, accommodations, supports, and services. School-based occupational therapists serve on student intervention teams as appropriate, consult on classroom interventions, and provide strategies to build teacher capacity for instructing a variety of learners.				
The occupational therapist: ☐ Completes and documents occupational therapy evaluation results. ☐ Adheres to data collection time lines, formats, and standards, required by local, state, and federal policies. ☐ Gathers data from teachers and parents. ☐ Actively pursues competence in administration of standardized assessments.	... and The occupational therapist: ☐ Evaluates student's ability to participate in life at school. ☐ Identifies and analyzes school-based occupations the student wants and needs to perform. ☐ Assesses environments in which student occupations occur. ☐ Shares and interprets relevant evaluation data with team members. ☐ Demonstrates competence in selection and use of standardized assessments.	... and The occupational therapist: ☐ Demonstrates keen, insightful evaluation and reporting skills. ☐ Mentors and educates team members on applicability of technical evaluation data to school context. ☐ Educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy evaluation. ☐ Promotes the acquisition and use of current assessment tools and processes.	... and The occupational therapist: ☐ Holds specialty certification in particular assessment types. ☐ Develops data collection tools and trains others in their use.	

Standard 4: School-based occupational therapists facilitate student learning for optimal student performance and functional independence.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element d. Planning and Intervention. School-based occupational therapists carefully consider evaluation data, IEP goals, ongoing progress monitoring data, and the least restrictive environment in planning services that meet the needs of students. They intervene in the context in which the student routinely performs the targeted skill or ability, in collaboration with instructional staff. Interventions are connected to student participation in learning the curriculum, demonstration of knowledge, life a career skills, socialization, and transition.				
The occupational therapist: ☐ Uses interventions that are appropriate for student's age, grade, cognitive level, interests, and aptitudes. ☐ Expands repertoire of intervention ideas/options. ☐ Delivers occupation-based, educationally relevant occupational therapy services. ☐ Adheres to IEP in planning and providing interventions.	... and The occupational therapist: ☐ Examines intervention effectiveness. ☐ Modifies the intervention plan based on changes in the student's needs, goals, and performance. ☐ Facilitates the transition or exit process in collaboration with IEP team. ☐ Adapts, accommodates, and modifies environment, including assistive technology and training instructional staff.	... and The occupational therapist: ☐ Demonstrates innovative and unique occupation-based intervention planning. ☐ Demonstrates consistent energy and enthusiasm for providing intervention. ☐ Leads collaborative, long-term, and/or project-based interventions at the classroom and school level. ☐ Describes/explains instances of therapeutic use of self.	... and The occupational therapist: ☐ Presents at state or national conferences on innovative interventions.	

Examples of artifacts that may be used to demonstrate performance: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/ memberships /specialty certifications ☐ Documentation of professional development plan, including progress towards goals and self-assessment ☐ Documentation of professional development/competence activities in use of occupations, assessment tools and educationally relevant services ☐ Documentation of research activities, publications, article review
Evaluator Comments: (Required for all “Not Demonstrated” ratings, recommended for all ratings.)
Comments of Person Being Evaluated: (Optional)

Standard 5: School-based occupational therapists use all available data to examine their effectiveness and to adapt and improve professional practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element a. Professional Development. School-based occupational therapists continually participate in high quality professional development specific to school-based occupational therapy practice that reflects a global view of educational practices, includes 21 st century skills and knowledge, and aligns with the State Board of Education priorities and initiatives. They use input from stakeholders, to continually assess, maintain, expand, and document their competence in school-based practice.				
The occupational therapist: ☐ Identifies strengths and needs drawing from multiple data sources. ☐ Adheres to the approved professional development plan.	The occupational therapist: ☐ Participates in relevant continuing competence activities to improve school-based practice. ☐ Completes formal self-assessment. ☐ Participates in peer-review.	The occupational therapist: ☐ Presents at local, regional or state, professional conferences. ☐ Routinely shares new knowledge with others.	The occupational therapist: ☐ Earns a specialty certification relevant to school-based practice. ☐ Presents at state or national professional conferences. ☐ Participates as an occupational therapy representative on state or national committees and organizations.	

Standard 5: School-based occupational therapists use all available data to examine their effectiveness and to adapt and improve professional practice.

Developing	Proficient	Accomplished	Distinguished	Not Demonstrated (Comment Required)
Element b. Outcomes. School-based occupational therapists systematically and critically evaluate the effectiveness of comprehensive occupational therapy services on student performance. They collect and interpret data from a variety of sources to assess student response to intervention and progress, plan future services, and adapt practice to best meet the needs of students, staff, and families.				
The occupational therapist: ☐ Monitors and documents student progress. ☐ Reports student progress to team members.	The occupational therapist: ... and Evaluates effectiveness of occupational therapy services using: ☐ Multiple methods; and ☐ Multiple data sources. ☐ Selects outcome measures related to the student's ability to engage in occupations at school. ☐ Identifies and uses progress monitoring tools.	The occupational therapist: ... and ☐ Leads the collection, interpretation, and reporting of student outcome data within multi-disciplinary teams. ☐ Synthesizes data on student progress and current research to design and inform future actions.	The occupational therapist: ... and ☐ Creates innovative progress monitoring tools ☐ Publishes or presents an efficacy study or case study in an occupational therapy text or journal.	
Examples of artifacts that may be used to demonstrate performance: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/ memberships /specialty certifications ☐ Documentation of leadership activities in data collection, staff training and/or tool development ☐ ☐ ☐ ☐				

Evaluator Comments: (Required for all “Not Demonstrated” ratings, recommended for all ratings.)
Comments of Person Being Evaluated: (Optional)

Rubric Signature Page

_____ Occupational Therapist Signature	_____ Date
_____ Principal/Evaluator Signature	_____ Date
_____ Principal/Evaluator Signature <i>(Signature indicates question above regarding comments has been addressed)</i>	_____ Date

Note: The occupational therapist’s signature on this form represents neither acceptance nor approval of the report. It does, however, indicate that the occupational therapist has reviewed the report with the evaluator and may reply in writing. The signature of the principal or evaluator verifies that the report has been reviewed and that the proper process has been followed according to the North Carolina State Board of Education Policy for the School-Based Occupational Therapist Evaluation Process.

School-Based Occupational Therapist Summary Rating Form (Required)

This form is to be jointly reviewed by the occupational therapist and evaluator during the Summary Evaluation Conference conducted at the end of the year.

Name: _____

School: _____ School Year: _____

Evaluator: _____ District: _____

Date Completed: _____ Evaluator's Title: _____

Standard 1 School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Leadership						
Element b. Teamwork						
Element c. Vision						
Element d. Ethics						
Element e. Advocacy						
Element f. Supervision and Oversight						
Overall Rating for Standard 1						
Comments:	Evidence or documentation to support ratings: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/ memberships / specialty certifications ☐ Documentation of self-improvement plan, continuing competence activities and/or grants, aligned with professional, district/school and department's vision/mission and goals/ improvement plans.					
Recommended actions for improvement:						
Resources needed to complete these actions:						

Standard 2: School-based occupational therapists promote a respectful environment for diverse populations.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Communication						
Element b. Least Restrictive Environment						
Element c. Diversity						
Overall Rating for Standard 2						
Comments: Recommended actions for improvement: Resources needed to complete these actions:	Evidence or documentation to support rating ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/memberships/specialty certifications ☐ Documentation of professional development/continuing competence activities on diversity, cultural attitudes and awareness ☐ Service on committees, work groups and special projects to support diversity, cultural awareness and range of student environments ☐ Student profiles documented in written reports ☐ Documentation of collaboration/cooperation with ESL teachers ☐ Documentation of activity planning/implementation to incorporate cultural awareness					

Standard 4: School-based occupational therapists apply the skills and knowledge of their profession within educational settings.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. North Carolina Standard Course of Study						
Element b. Evidence-based Practice.						
Element c. Evaluation and Identification						
Element d. Planning and Intervention						
Overall Rating for Standard 4						
Comments: Recommended actions for improvement: Resources needed to complete these actions:	Evidence or documentation to support rating: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/memberships/specialty certifications ☐ Documentation of professional development plan, including progress towards goals and self-assessment ☐ Documentation of professional development/competence activities in use of occupations, assessment tools and educationally relevant services ☐ Documentation of research activities, publications, article reviews. ☐ ☐ ☐ ☐					

Standard 5: School-based occupational therapists use all available data to examine their effectiveness and to adapt and improve professional practice.		Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Professional Development.						
Element b. Outcomes						
Overall Rating for Standard 5						
Comments: Recommended actions for improvement: Resources needed to complete these actions:	Evidence or documentation to support rating: ☐ Communications/observations of mentoring/supervisory activities ☐ Reports of formal and informal peer review ☐ Documentation of professional development/continuing competence activities ☐ Documentation of services provided (evaluations, IEP development, intervention plans, data sheets, contact notes, progress monitoring, progress notes, service logs, etc.) ☐ Documentation of service on committees, work groups and special projects ☐ Communications, feedback and/or surveys from stakeholders (parents, students, community members, colleagues) ☐ Minutes, attendance logs and agendas from meetings ☐ Documentation of trainings, in-services and workshop presentations; and related materials (agendas, handouts, feedback) ☐ Documentation of program review and planned/implemented development activities ☐ Documentation of use of professional, student, program, and school wide data in making service/intervention decisions ☐ Documentation of professional certifications/memberships/specialty certifications ☐ Documentation of leadership activities in data collection, staff training and/or tool development ☐ ☐ ☐ ☐					

School-Based Occupational Therapist Signature

Date

Principal/Evaluator Signature

Date

Note: The school-based occupational therapist's signature on this form neither represents acceptance nor approval of the report. It does, however, indicate that the occupational therapist has reviewed the report with the evaluator and may reply in writing. The signature of the principal or evaluator verifies that the report has been reviewed and that the proper process has been followed according to the North Carolina State Board of Education Policy for the Occupational Therapists Evaluation Process.

Summary Rating Sheet (Optional)

This form summarizes ratings from the rubric or observation form and requires the rater to provide a description of areas needing improvement and comments about performance. It should be completed as part of the Summary Evaluation discussions conducted near the end of the year. It should be used to summarize self-assessment and evaluator ratings.

Name: _____ Date: _____
 School: _____ District: _____
 Evaluator: _____ Title: _____

Standard 1: School-based occupational therapists demonstrate leadership, advocacy, and collaborative and ethical practice.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Leadership					
Element b. Teamwork					
Element c. Vision					
Element d. Ethics					
Element e. Advocacy					
Element f. Supervision and Oversight					
Overall Rating for Standard 1					
Standard 2: School-based occupational therapists promote a respectful environment for diverse populations.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Communication					
Element b. Least Restrictive Environment					
Element c. Diversity					
Overall Rating for Standard 2					
Standard 3: School-based occupational therapists apply the skills and knowledge of their profession within educational settings.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Program Administration and Management					
Element b. Policies and Laws					
Element c. Work Behaviors					
Overall Rating for Standard 3					

Standard 4: School-based occupational therapists facilitate student learning for optimal student performance and functional independence.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. North Carolina Standard Course of Study					
Element b. Evidence-based Practice					
Element c. Evaluation and Identification					
Element d. Planning and Intervention					
Overall Rating for Standard 4					
Standard 5: School-based occupational therapists use all available data to examine their effectiveness and to adapt and improve professional practice.	Not Demonstrated	Developing	Proficient	Accomplished	Distinguished
Element a. Professional Development					
Element b. Outcomes					
Overall Rating for Standard 5					

Professional Development Plan (Required)

School Year: _____

Name: _____ Position/Subject Area: _____

School: _____

NC School-Based Occupational Therapy Standards

1. Demonstrate leadership, advocacy, and collaborative and ethical practice. 2. Promote a respectful environment for diverse populations. 3. Apply the skills and knowledge of their profession within educational settings. 4. Facilitate student learning for optimal student performance and functional independence. 5. Use all available data to examine their effectiveness and to adapt and improve professional practice.	Standard(s) to be addressed: Elements to be addressed:
---	---

School-Based Occupational Therapist's Strategies

Goals for Elements	Activities/Actions	Expected Outcomes and Evidence of Completion	Resources Needed	Timeline
Goal 1:				
Goal 2:				
Goal 3:				

School-Based Occupational Therapist's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____

Professional Development Plan – Mid-Year Review (Required)

To be completed by (date) _____

Occupational Therapist _____ Academic Year: _____

Evidence of Progress Toward Specific Standards or Elements to be Addressed/Enhanced

Narrative

School-Based Occupational Therapist's Comments:	Administrator's Comments:
Date:	Date:

Professional Development Plan – End-of-Year Review (Required)

To be completed by (date) _____

School-Based Occupational Therapist _____

Academic Year: _____

Evidence of Progress Toward Specific Standards or Elements to be addressed/Enhanced

--

Goal 1 was successfully completed. Yes ☐ No ☐

Goal 2 was successfully completed. Yes ☐ No ☐

Goal 3 was successfully completed. Yes ☐ No ☐

Narrative

School-Based Occupational Therapist's Comments:	Administrator's Comments:
School-Based Occupational Therapist's Signature: Date:	Administrator's Signature: Date:

Record of School-Based Occupational Therapist's Evaluation Activities

Name: _____ ID# _____

School: _____ School Year: _____

Position/Assignment: _____

Evaluator: _____ Title: _____

School-Based Occupational Therapist Background: (Briefly describe the school-based occupational therapist's educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina School-Based Occupational Therapist Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	School-based Occupational Therapist Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			



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