



MONONGALIA COUNTY SCHOOLS MOTOR TEAM

Westover Annex
200 West Park Avenue
Westover, WV 26501

Phone: (304) 291-9288 ext. 1710
Fax: (304) 291-9311

Welcome to the Motor Team. We are a group of Physical Therapists, Occupational Therapists, and an Adapted Physical Educator.

The purpose of this packet is to provide you with all the information for the Motor Team Referral Process for IEP students, SAT/504 students, and transfer students.

Our team currently consists of the following:

Physical Therapists:	John Patti	jpatti@k12.wv.us
	Lisa Ammons	lrammons@k12.wv.us
Occupational Therapists:	Breanne Oleksa	boleksa@k12.wv.us
	Paula Sisler	psisler@k12.wv.us
	Alex Boyles	aboyles@k12.wv.us
Adapted Physical Educator:	Lorri Lipscomb	llipscom@k12.wv.us

If, at any time, you have questions about your student's therapy program, please don't hesitate to contact your student's therapists/ service provider. Educating your students is a team effort and we look forward to working with you. Our office phone number is 304-291-9288 ext. 1710. Phone messages are checked on Fridays. To contact staff more rapidly, please refer to the above e-mail addresses.

Monongalia County Schools Motor Team Referral Process For Students with an Existing IEP (PreK – 12)

Prior to or at the IEP

- Teacher collects Work Samples
- Teacher(s) fill out the Age Appropriate Motor Team Questionnaire(s)

At IEP

- Motor Team Referral Process Explanation provided
- A signed Notice of Individual Evaluation/Reevaluation Request by the parent (please specify whether evaluation(s) is for PT/OT/APE when checking Motor Skills)
- **Signed Release of Information Form with Physician contact information provided**

The following items are collected and forwarded to the Motor Team (Please do not attempt to give this information to a Motor Team Member)

Attn: John Patti (Westover Annex)

- Motor Team Questionnaire(s) and Work Samples
- A copy of the Notice of Individual Evaluation/Reevaluation Request
- A signed Physician Release of Information form from Parent
- A copy of the Tracking Form

Following the Evaluations,

- An Evaluation Response Memo will be sent/email from John Patti
- An IEP meeting is scheduled with the evaluating PT/OT/APE personnel

Monongalia County Schools Motor Team Referral Process

For Students being referred via SAT or 504 Process

Prior to or at the SAT/504

- Teacher collects Work Samples
- Teacher(s) fill out the Age Appropriate Motor Team Questionnaire(s)

At SAT/504

- Motor Team Referral Process Explanation provided
- A copy of the signed Informed Consent for SAT evaluation(s)
- **Signed Release of Information Form with Physician contact information provided**

The following items are collected and forwarded to the Motor Team (Please do not attempt to give this information to a Motor Team Member)

Attn: John Patti (Westover Annex)

- Motor Team Questionnaire(s) and Work Samples
- A copy of the Informed Consent for SAT evaluation
- A signed Physician Release of Information from Parent
- A copy of the SAT/504 Referral Cover page

Following the Evaluations,

- An Evaluation Response Memo will be sent/email from John Patti
- A SAT/504 meeting is scheduled with the Evaluating PT/OT/APE personnel

Monongalia County Schools Motor Team Referral Process For Students Transferring into Monongalia County Schools

Special Education Specialist/ Special Education Teacher is to:

- Notify John Patti of student transferring
- Forward/ FAX the copy of the student's existing IEP to the Motor Team

John will:

- Log the transfer student's information
- Contact the appropriate Motor team member who will service that transferring student

For the PWN the Motor Team Member(s) will:

- Write up a word document that contains:
 - The present levels with the following: Student name, transfer from (location), student is currently receiving (PT/OT/APE) for the following reasons (will list.....) Example attached
- We will treat the student for 30 minutes 2x within the next 30 days to determine appropriate present levels, needs, frequency, and goals
- We will fax/email the word document to the attending IEP Specialist

- Within the 30 day time frame, an IEP will need to be scheduled to review our findings

Student's Full Name Student name

Date _____

PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**SAMPLE WRITE UP**

_____ is a transfer student from _____. _____ was receiving occupational therapy services two times a month for a total of 60 minutes per month with the focus on fine motor skills and visual motor skills needed for legible writing and self-care skills. Per the previous OT report: _____ has met the objective to tie a bow and is independent in tying his shoes. (S)He uses scissors to cut out intricate shapes with accuracy and colors within small spaces with accuracy. _____ demonstrates the ability to produce legible writing with size functional for space provided when working one to one or in a small OT group. Letter formation has improved. (S)He continues to have some difficulty with keeping his/her letters on the bottom line.

Time: two 30 minutes sessions within one month

Goal: Given appropriate instruction and equipment, _____ will safely access his school environment, 100% of the time. Therapy progress notes, teacher report, quarterly progress reports.

NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

Monongalia County Schools

Student's Full Name _____
School _____
Parent(s)/Guardian(s) _____
Address _____
City/State _____

Date _____
DOB _____
Grade _____
WVEIS# _____
Telephone _____

INITIAL REEVALUATION OTHER _____

Dear Parent(s)/Adult Student:

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Information | <input type="checkbox"/> Developmental Skills | <input type="checkbox"/> Transition Assessments |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Health _____ | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Classroom Performance | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vocational Aptitudes |
| <input type="checkbox"/> Teacher Report | <input type="checkbox"/> Information from the Parent | <input type="checkbox"/> Interests/Preferences |
| <input type="checkbox"/> Adaptive Skills | <input type="checkbox"/> Intellectual Ability | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Motor Skills | NOTE: Please specify PT, OT, and/or APE evaluation(s) beside "Motor Skills". |
| <input type="checkbox"/> Behavioral Performance | <input type="checkbox"/> Observation(s) | |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Perceptual-Motor | |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social Skills | |

Procedural Safeguards Brochure explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

Signature

Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

Check one:

- I give permission to evaluate/reevaluate.
 I wish to schedule a conference before I decide.
 Do not evaluate/reevaluate the student.

Parent/Adult Student Signature Date

*** REQUIRED ***
Received by school/county:
_____/_____/_____
Date Personnel

Please return this signed form within 5 days and retain a copy for your records

Informed Consent for SAT Evaluations

Student's Name: _____ *Date of Birth:* _____

School: _____ *Teacher:* _____

Dear Parent:

As the result of a Student Assistance Team meeting, it is recommended your child be administered one or more screening instruments designed to measure academic achievement, ability, and/or behavior functioning. Parent is advised the purpose of these evaluations is **not** to determine eligibility for special education/related services but to gather additional evaluative information in order to make more objective/informed decisions in regard to possible: interventions, instruction, behavior planning, need of further evaluation/monitoring, and/or need for a multidisciplinary evaluation to explore possible special education eligibility. Parent is also advised of the right to request a multidisciplinary evaluation regardless of this request and/or following any screening evaluations. All evaluation results, findings or plans resulting from these evaluation will be provided to the parent/guardian.

Consent is being requested to complete the following marked items:

Intelligence: <input type="checkbox"/> Kaufman Brief Intelligence Test-2 <input type="checkbox"/> Other:	Rating Scales: <input type="checkbox"/> Conners' Rating Scales <input type="checkbox"/> Brown ADD Scales <input type="checkbox"/> BASC-2 <input type="checkbox"/> Other:
Achievement: <input type="checkbox"/> KTEA <input type="checkbox"/> Key Math <input type="checkbox"/> TOWL <input type="checkbox"/> Other:	Behavior: <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Classroom Observation <input type="checkbox"/> Other:
Fine Motor (Specify): <input type="checkbox"/> Occupational Therapy Evaluation, including a teacher referral report	Gross Motor (Specify) <input type="checkbox"/> Physical Therapy Evaluation, including a teacher referral report
Other (Specify): <div style="background-color: yellow; padding: 2px;">NOTE: If APE evaluation is requested, specify in this section.</div>	

Please check one:

_____ I have read the above information, and I give my consent for evaluation

_____ I have read the above information, and I do not give my consent

_____ I have read the above information, and I would like to have a conference before making a decision

Parent Signature: _____ **Date:** _____

504 Consent Form

Notice of Individual Evaluation /Reevaluation Request

Monongalia County Schools

Student: _____ Date: _____
School: _____ Grade: _____
Teacher: _____ Date of Birth: _____
Address: _____ WVEIS #: _____
City/State: _____ Zip Code: _____ Telephone: _____

Dear Parent(s)/Guardian/Adult Student:

Your permission is requested to conduct an evaluation to determine your student's educational needs and make more informed decisions and plans to meet your child's needs. If your child has not been deemed eligible for 504, the evaluation might be utilized to determine 504 eligibility and develop an appropriate Accommodation Plan for your child. If your child already has a 504 Plan, the evaluation information might be utilized to continue/discontinue their eligibility and/or to improve their current plan.

Classroom Performance Interests/Preferences Adaptive Functioning
 Assistive Technology Auditory Processing Functional Behavior/FBA
 Developmental Skills Intellectual Ability Perceptual Motor
 Behavior Functioning Behavior Intervention Plan Observation(s)
 Social Skills Teacher Report Vocational Aptitude
 Academic Achievement-- Specify: _____
 Developmental History (Parent Questionnaire)
 Occupational Therapy Evaluation, including teacher referral report
 Physical Therapy Evaluation, including teacher referral report
 Health—Specify: _____
 Vision/Hearing—Specify: _____
 Other—Please specify: _____

Monongalia County Schools Notice of Parent/Student Rights in Identification, Evaluation, and Placement Explanation has been provided in regard to Section 504 of Rehabilitation Act of 1973.

I give permission to evaluate _____ Parent Signature
 I wish to schedule a conference before I decide.
 Do not evaluate my child _____ Date:



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Westover, WV 26501

Phone: (304) 291-9288 ext. 1710
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Memo

To: _____
From: John M. Patti, DPT
Date: _____
Re: _____

The following evaluations have been completed:

- _____ Physical Therapy
- _____ Occupational Therapy
- _____ Adapted Physical Education

*Please schedule follow up as needed. Please contact and notify the evaluating Motor Team therapist prior to scheduling the EC/IEP/SAT/504 Meeting. **The evaluating therapist must be present at the meeting to present and interpret the evaluation.**

E-mails (Physical Therapy evaluations):

John Patti: jpatti@k12.wv.us

Lisa Ammons: lrammons@k12.wv.us

E-mails (Occupational Therapy evaluations):

Breanne Oleksa: boleksa@k12.wv.us

Paula Sisler: psisler@k12.wv.us

Alex Boyles: aboyles@k12.wv.us

E-mails (Adapted Physical Education evaluations):

Lorri Lipscomb: llipscom@k12.wv.us