

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 will 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 <u>jpatti@k12.wv.us</u>

Lisa Ammons <u>lraberammons@k12.wv.us</u>

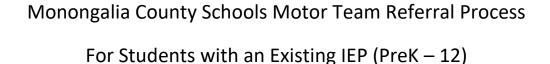
Occupational Therapists: Breanne Oleksa <u>boleksa@k12.wv.us</u>

Paula Sisler <u>psisler@k12.wv.us</u>

Alex Boyles aboyles@k12.wv.us

Adapted Physical Educator: Lorri Lipscomb <u>llipscom@k12.wv.us</u>

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.



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 no 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

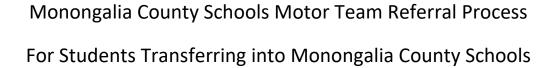
The following items are collected and forwarded to the Motor Team (Please do no attempt to give this information to a Motor Team Member)

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



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

Page	or	

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 minute	s 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 demons	trates 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/I	ner letters on the bottom line.
Time 1 - 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
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, quar	terly progress reports.

NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

Monongalia County Schools

Student's Full Name		Date		
School		DOB		
Parent(s)/Guardian(s) Address City/State		Grade		
		WVEIS#		
		Telephone		
⊠ INITIAL □	REEVALUATION	OTHER		
Dear Parent(s)/Adult Student:			_	
	required at least every t	the student's educational needs. If the student has been received hree years or more frequently, if warranted. Upon completion results.		
	luation results will be us	Il include the areas checked below. A written description of e ed as the primary source to determine the student's eligibility ducational services.		
 ☐ Academic Information ☐ Achievement ☐ Classroom Performance ☐ Teacher Report 	Developmental Health Hearing Information from	Functional Vocational Evaluation Vocational Aptitudes	1	
☐ Adaptive Skills	Intellectual Abi	ity Vision		
☐ Assistive Technology	Motor Skills	NOTE: Please specify PT, OT, and/or APE		
☐ Behavioral Performance	Observation(s)	evaluation(s) beside "Motor Skills".		
Functional Behavioral Assessment	Perceptual-Mot			
Communication	Social Skills		_	
Procedural Safeguards Brochure expla	aining parent/student rig	ats and the responsibilities of the county school district is enclo	osed	
		Signature Date		
	nd implications of thi	vidual Evaluation/Reevaluation Request regarding s notice and have been advised of my rights. * REQUIRED *	the	
Do not evaluate/reevaluate the stud	lent.	Received by school/county: /		
Parent/Adult Student Signature	Date			

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:				
advised the purpose of these evaluations is not to determ gather additional evaluative information in order to make interventions, instruction, behavior planning, need of fur	nievement, ability, and/or behavior functioning. Parent is nine eligibility for special education/related services but to e more objective/informed decisions in regard to possible: ther evaluation/monitoring, and/or need for a education eligibility. Parent is also advised of the right to request and/or following any screening evaluations. All evaluation will be provided to the parent/guardian.			
Intelligence:	Rating Scales:			
☐ Kaufman Brief Intelligence Test-2	☐ Conners' Rating Scales			
☐ Other:	☐ Brown ADD Scales ☐ BASC-2			
	□ Other:			
Achievement:	Behavior:			
☐ KTEA ☐ Key Math	□ Behavior Intervention Plan □ Functional Behavior Assessment (FBA)			
□ TOWL	☐ Classroom Observation			
□ Other:	□ Other:			
Fine Motor (Specify):	Gross Motor (Specify)			
 Occupational Therapy Evaluation, including a teacher referral report 	☐ Physical Therapy Evaluation, including a teacher referral report			
Other (Specify): NOTE: If APE evaluation is reque	ested, specify in this section.			
Please check one:				
I have read the above information, and I give my c	consent for evaluation			
I have read the above information, and I do not give	ve my consent			
I have read the above information, and I would like	e 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 Birtl	h:		
Address:		_ WVEIS #:_	WVEIS #:		
City/State:Zip Code:		_ Telephone:	Telephone:		
Dear Parent(s)/Guardian/Adult	t Student:				
	needs. If your child has not appropriate Accommodation	t been deemed eligi n Plan for your chil	ble for 504, the evaluation might be utilized to d. If your child already has a 504 Plan, the		
Classroom Performance	Interests/Prefer	ences	Adaptive Functioning		
Assistive Technology	Auditory Proces	ssing	Functional Behavior/FBA		
Developmental Skills	Intellectual Abil	lity	Perceptual Motor		
Behavior Functioning	Behavior Interv	ention Plan	Observation(s)		
Social Skills	Teacher Report		Vocational Aptitude		
Academic Achievement Specif	fy:				
Developmental History (Parent	Questionnaire)				
Occupational Therapy Evaluati	on, including teacher refer	ral report			
Physical Therapy Evaluation, in	ncluding teacher referral re	eport			
Health—Specify:					
Vision/Hearing—Specify:					
Other—Please specify:					
Monongalia County Schools No has been provided in regard to Section			n, Evaluation, and Placement Explanation		
I give permission to evaluate			Parent Signature		
I wish to schedule a conference	before I decide.				
Do not evaluate my child			Date:		

Monongalia County Schools 13 South High Street, Morgantown, WV 26501 (304) 291-2766 Consent to Release Information

(FULL NAME OF STUDENT)	(DA	TE OF BIRTH)	(TELEPHONE NUMBER)
(STREET ADDRESS)			(CITY, STATE, ZIP CODE)
	MEDICAL HISTO	RY:	
	<u></u>		
MEDICAL DIAGNOSIS			
THERAPY HISTORY:		_	
		_ _	
	Authorization to Release &	Obtain Information	

As parent or legal guardian of the above student, I grant permission for Monongalia County Schools (MCS) to obtain and/or release information regarding my son/daughter from the school, department, agency, or person identified below. This information may be shared with any MCS employee involved in providing services for him/her. I understand the purpose and intent of this release is to obtain and share information in order to provide coordinated services for my son/daughter. This request shall remain in effect for one full year (365 days) from the date of the signature unless revoked in writing. A copy or FAX of this release shall be as binding as the original.

SIGNATURE OF STUDENT IF 18 YEARS OLD	DATE	
Rehabilitation Technology Specialist	Phone/FAX number	
Orthotist	Phone/FAX number	
Neurologist	Phone/FAX number	
Orthopedic Physician	Phone/FAX number	
Primary Care Provider	Phone/FAX number	
Primary Caro Provider	Dhono/EAV number	



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Memo

To:		
	John M. Patti, DPT	_
Re:		_
The foll	owing evaluations have been cor	ompleted:
	Physical Thera	ару
	Occupational T	Therapy
	Adapted Physic	sical Education
prior to		Please contact and notify the evaluating Motor Team therapis Meeting. The evaluating therapist must be present at the evaluation.
	F-mails ((Physical Therapy evaluations):

E-mails (Physical Therapy evaluations):

John Patti: jpatti@k12.wv.us

Lisa Ammons: <u>Iraberammons@k12.wv.us</u>

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: <u>llipscom@k12.wv.us</u>