

### Ask OTIS: Specially Designed Instruction (SDI) vs. Related Services

*Q: We have been writing OT goals and listing OT on the IEP as Specially Designed Instruction (SDI) for the past several years. However, I understand that we should really be Related Services (RS). What is the difference between SDI and RS, when is it appropriate to categorize our services as SDI vs. RS and what are some strategies for making changes?*

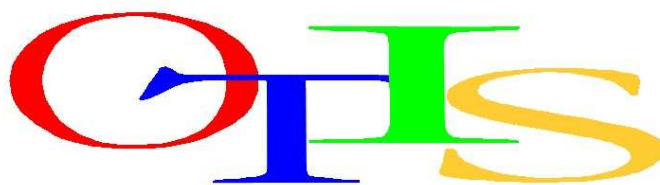
Washington State Rules for the Provision of Special Education to Special Education Students (Chapter 392-172A WAC, effective July 30, 2007) allow for the provision of occupational therapy as both Specially Designed Instruction (SDI) and as Related services (RS) to students eligible for special education. As a reminder, eligibility requirements include having a disability, having an adverse educational impact of the disability, and having a need for SDI in addition to any needed accommodations.

Specially designed instruction means adapting, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student's disability and to ensure **access of the student to the general curriculum**. Speech-language pathology, occupational therapy, audiology, and physical therapy may be provided as SDI if the student requires those therapies as SDI and meets special education eligibility requirements.

Washington is one of only a few states that allow these services as SDI in order to meet the needs of the few students who would not be able to have their needs met in other ways. If you are providing occupational therapy as SDI, you are not supporting the student's special education program; you are the special education program for that particular area.

For some students, SDI alone may not be enough for them to receive an appropriate education and access the general curriculum. These students may require Related Services (RS). Related services include transportation and other developmental, corrective, and supportive services that are required to allow a student eligible for special education to **benefit from special education or SDI**. These services, including occupational therapy, must be determined to be educationally relevant, have a clear purpose, and be educationally necessary. *Guidelines for Making Decisions About IEP Services* (Giangreco, 2001) outlines the process IEP teams should use in considering special education and related services. This document, published by the Vermont Department of Education, is available at <http://www.uvm.edu/~cdci/iepservices/pdfs/decision.pdf>.

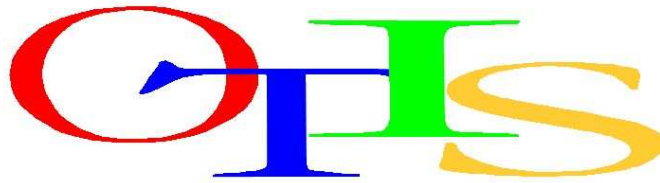
It may be helpful to review the basic special education process under IDEA that is used in determining services for a student's IEP. After eligibility is determined (a student is found to have a disability, have an adverse educational impact of the disability, and have a need for SDI), an IEP team must gather to talk about and the child's present levels of educational performance and educational needs and write the student's IEP. The IEP includes information about how the student is currently doing (present levels of educational performance). These present levels include evaluation results, classroom performance, and a statement of how the disability affects



his or her involvement and progress in the general curriculum. This information is then used to develop the student's measurable annual goals. These goals are the student's goals (not the service providers) and may be academic, social or behavioral, relate to physical needs, or address other educational needs. Only after determining what the student's goals are does the team decide on the required services and supports (including who, where, and how often) the school will provide for the child in order to meet the goals. By definition, each goal must have a statement of the required SDI. An occupational therapist cannot be the only person addressing student goals as RS because what would that service be related to? As a RS provider, you would be supporting the SDI of another professional and thus supporting those specific goals and objectives. In fact, in his research, Giangreco found that the most effective outcomes for students (including staff satisfaction) occurred when the goals and objectives (student program) was developed prior to determining what professionals would deliver the services and how. If you look at the research and you look at the effectiveness of intervention (and the WACs and IDEA 2004 are very clear that we should be using research based practices to the maximum extent possible) you will see that OT as a related service or in collaboration with other professionals leads to as good, if not better outcomes overall for students.

Let's consider two examples. In the first example, a team has decided that a student has deficits in handwriting skills and has developed a goal for the student in that area. The team then decided (based on current literature and research) that the student would require 10-15 minutes a day of handwriting instruction targeting the student's specific deficits. In this situation, the team determined that the special education teacher would provide daily SDI for this goal and that the expertise of an occupational therapist was not needed at this time. In a second similar example, a team developed a goal for a student around handwriting skills and determined that a student would receive daily SDI from a special education teacher. In this situation, the evaluation process and IEP team determined that underlying skills deficits would require the expertise of an occupational therapist. In this example, the SDI alone would not be enough in order for the student to access general education. This team determined that the student requires OT as an RS to the handwriting SDI (same student goal).

Specially Designed Instruction and RS are not the only ways that occupational therapists can assist students in meeting their IEP goals. Supplementary Aids and Services and Program Modifications or Supports for School Personnel are two additional means of meeting student needs in an IEP. Supplementary Aids and Services means aids, services, and other supports that are provided in general education classes or other education-related settings to enable students eligible for special education to be educated with nondisabled students to the maximum extent appropriate. For example, an OT may monitor a new handwriting program in a kindergarten classroom once a month. Program Modifications or Supports for School Personnel allow a student to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities alongside nondisabled students. For example, the OT may be working with a special education and general education teacher to implement the Alert Program in the



classroom for a particular student. For more information, see the February 2006 Ask OTIS on OT Service Delivery under Special Education Law.

There are some additional resources coming out that may be helpful. First are the new AOTA guidelines for school based practice (Occupational Therapy Services for Children and Youth Under IDEA, 3rd Edition, edited by Leslie Jackson) and second is a book on collaborative services in the schools. You may also find reading The Occupational Therapy Framework helpful in defining the domain and process of occupational therapy, including what intervention may look like. Finally you may want to go look at two documents on the web:

Occupational Therapy: Effective School-Based Practices within a Policy Context  
([www.coe.ufl.edu/copsse/](http://www.coe.ufl.edu/copsse/))

Personnel Issues in School-Based Occupational Therapy: Supply and Demand, Preparation, and Certification and Licensure (<http://www.coe.ufl.edu/copsse/research-focus-areas/related-services.php>)

*This article was written by Yvonne Swinth, Dottie Handley-More, and Sara Woodward, OTIS Co-Chairs. It originally appeared in the WOTA Newsletter in (December, 2007) Vol. 66 No. 6 p 6-7.*

*OTIS (Occupational Therapists In Schools) is a standing committee for the Washington Occupational Therapy Association (WOTA) that was set up to help support therapists in school-based practice.*