**Educational Therapy and Medical Based Therapy-The Difference**

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|  | **EDUCATIONAL MODEL**  | **CLINICAL MODEL (Medical)** |
| HOW DOES IT START? | Teacher, parent or other involved person can ask the IEP team to consider the need for evaluation | Referral is initiated by physician based on observed delay or diagnosis |
| WHO DECIDES NEED FOR SERVICE? | • IEP team consensus with recommendation from licensed OT/PT/ST/Behavior Specialist based on testing and classroom/campus observation •Assessment takes into consideration *only* needs associated with special education program | • Testing and clinical observation by licensed OT/PT/ST/Behavior Specialist• Assessment takes all settings into consideration• Frequently driven by doctor’s orders |
| WHAT IS THE PURPOSE OF EVALUATION? | • To contribute knowledge and data to the IEP team for discussion and decisions• Helps to identify areas of strengths and needs• Helps to guide goals | • To determine need for services• Helps to identify areas of strengths and needs• Helps to guide goals |
| WHO DECIDES SCOPE OF SERVICE? | • IEP team—including parents, student (if appropriate), educators, administrators and school based therapists—determine the focus, frequency and duration of therapy • A doctor’s order does not drive decisions about school therapy services | • Medical team determines location, focus, frequency and duration of therapy.  • Insurance coverage, doctor’s orders and transportation may be determining factors |
| HOW CAN SERVICES BE CHANGED? | Changes to related services require an IEP meeting with parents, educators, administrators and the school based therapist present to discuss and come to consensus | Doctors can alter orders or therapist can change therapy plan, generally discussed with doctor and parents |
| WHAT IS THE FOCUS OF THERAPY? | •Therapy addresses access to special education and school environment• Works toward independence and participation• Intervention usually for more chronic problems that interfere with educational process | • Therapy addresses medical conditions and impairments• Works to get full potential realized• Intervention usually for acute problems |
| WHERE DOES THERAPY OCCUR? | • On school grounds, bus, halls, playground, classroom, lunchroom; total school environment• Also work sites and for preschool students some daycare settings | In the clinic, hospital or home |
| HOW IS THERAPY DELIVERED? | Integrated/inclusive therapy, staff training, program development, collaboration with staff, group intervention, direct one-on-one treatments, consultation  | Direct one-on-one treatment to accomplish set goals |
| WHO PAYS? | No cost to student or family = free and appropriate public education (FAPE) | Fee-for-service payment by family, insurance or governmental assistance. |
| HOW ARE SERVICESDOCUMENTED? | Related to IEP with accessible, readable language guided by state and local policy reflecting best practice | Dictated by insurance requirements and guidelines of the setting; emphasis on medical terminology and billing codes |